A Strategic Plan for 2006-2011

Department of Social and Health Services

Washington State
Department of Social
& Health Services

Dennis Braddock
Secretary
May 1, 2004

A Letter from the Secretary

Dennis Braddock
Secretary

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When we are meeting day to day demands of the challenging work of social and health services, it is difficult to take the time to step back and look at where we've been, and try to outline where we are going.

But that is a very necessary activity for an organization like ours that is so complex and impacts so many lives.

While we have done great work to serve those in need of our services, we are always asked to do more, and we are, across all the administrations, faced with major changes be it demographics, financing, political expectations, technology or theories about what is the best course of action.

In this maelstrom of often changing and opposing forces, we must act and we must plan ahead.

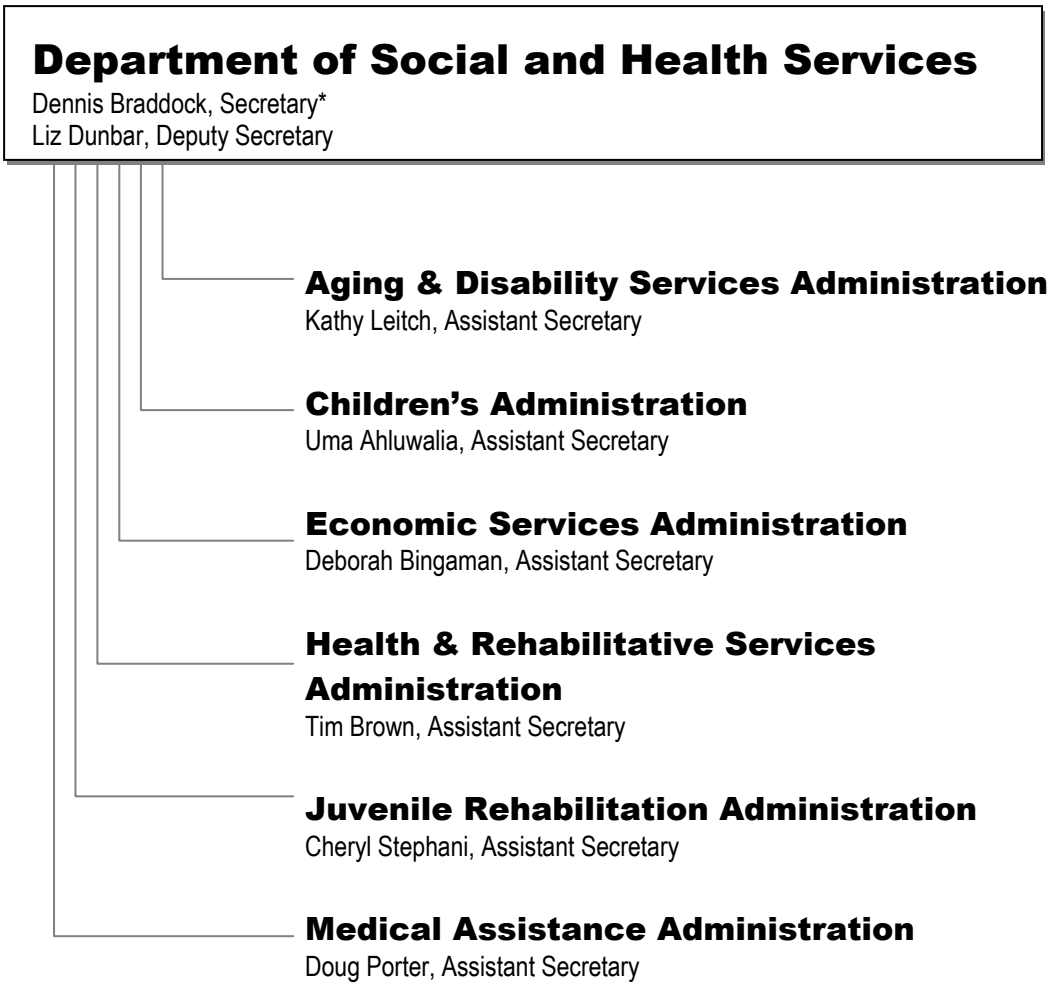
This Strategic Plan is the conceptual framework for our "planning ahead" as well as a guide for our budgeting process and interaction with the Office of Financial Management.

Key concepts you will find in this Plan are: customer focus, service integration, performance results, evidence based, community strengthening, workforce development and leadership.

We not only organize, manage and deliver services to those in need, but we also have a responsibility to the taxpayers and the consumers to provide leadership in assuring the most effective use of limited resources and advocacy for our goals.

We cannot lead well unless we have an accurate assessment of our strengths and weaknesses, and we must know where we are going. This document gives us an outline of our goals, our direction.

I want to thank all who worked to develop this Plan and especially thank Alice Liou who has so ably organized this effort.



* Office of the Secretary oversees Management Services, Financial Services, Information System Services, Communications, Government and Community Relations, Indian Policy and Support Services, Risk Management, Service Integration, and Quality Performance.

Purpose of This Document
This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the most vulnerable populations in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

Acknowledgements
Special thanks go to the following colleagues who greatly contributed to the development of this strategic plan: Denise Gaither, Ken Cameron, Linda Johnson, Charlotte McDowell, Chris Trujillo, Tammy Cordova, Dori Shoji, Sam Senn, Lois Felber, David Albert, Dave Daniels, Connee Bush, Rosemary Gallagher, Eric Raff, Robert Lichtenberg, Tracy Sanford, Bill Hagens, MaryAnne Lindeblad, Rick Cook, Sue Langen, Jeanette Sevedge-App, Richard Pannkuk, Debbie Schaub, Barbara Felver, Nancy Raiha, and Hakan Axelsson.

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Executive Summary

As an agency that serves one out of every five Washington residents, the Department of Social and Health Services (DSHS) is entering a time of particularly intense change and challenge.

While human services provided by local governments are overwhelmed by growing demands and shrinking revenues, DSHS is also experiencing difficulty in sustaining current programs and services within the constraints of today's state budgets. In addition, changes in our families, society, economy and health care system challenge us to think in new ways about what we really need to provide to our citizens.

This strategic planning blueprint is closely based on numerous thought-provoking discussions with our stakeholders, partners, customers and program staff. Although this plan cannot cover all specific information about each of our programs, it broadly reflects the department's direction and priorities in the following strategic goals.

- Improve the Health and Safety of Communities and Clients
- Improve Client Self-Sufficiency
- Improve Accessibility and Service Integration
- Improve Customer Service
- Improve Prevention and Care
- Improve Financial Resources Management
- Improve Quality Assurance and Business Practices
- Improve Eco-Environmental Sustainability
- Improve Workforce Development and Diversity

As DSHS employees, we value our clients and strive for high standards of personal responsibility and accountability. We have an abundance of compassion for people of all ages who need help and opportunity. To that end, we will:

- Continue to engage the citizens in shaping a comprehensive human service system, and carry on our conversation about what the people in Washington believe to be the necessary level of services;

- Help our policy makers – the governor and legislators – translate our values into laws, budgets and programs, so that public policies can be consistent with what the public values; and

- Continue strengthening our internal capacity including technology, workforce, performance management, and partnership with Tribes and communities.

We thank all our partners and stakeholders who contributed their thoughts and feedback during this planning process. It was with their input that our planning team was able to develop this plan to guide our future services and operations.

Chapter 1 ● Our Guiding Directions

MISSION

The mission of the Department of Social and Health Services (DSHS) is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy and secure lives.

VISION

Our vision is **a healthy, safe and productive Washington**.

The people we serve are members of families, students in schools, and residents in communities; in most cases, they are more strongly connected to those institutions than they are to DSHS programs.

Therefore, to achieve our mission and vision, we are committed to providing our clients with coordinated services through partnerships with communities, tribes, counties, service providers, schools, the criminal justice system, service providers, and other agencies within private and public sectors.

GUIDING PRINCIPLES

Below are the guiding principles that direct the department in how we operate and conduct our business.

- Customer focus
- Service coordination
- Responsiveness to diversity
- Strategic thinking
- Collaborative leadership
- Community partnerships
- Accountable performance
- Organization development
- Employee participation
- Result oriented data-based decisions
- Continuous improvement

A BALANCED APPROACH ADDRESSING THE PRIORITIES OF GOVERNMENT

DSHS has been using the Balanced ScoreCard perspectives in developing agency priorities in the last five years. In Chapter 4, each goal is aligned to one or more Balanced ScoreCard perspectives. These perspectives are:

- Public Value
- Customer Perspective
- Financial Perspective
- Internal Process
- Learning and Growth

In addition, during this planning period, the Office of the Financial Management (OFM) is leading the discussions of Priorities of Government (POG) with all state agencies. The POG teams have identified eleven results that are most important to the State of Washington. Although DSHS's work contributes to a number of many POG results, DSHS is actively involved in the work of four of these results:

- Improve the health of Washington citizens
- Improve the security of Washington's vulnerable children and adults
- Improve the safety of people and property
- Increase student achievement in elementary, middle and high schools

In Chapter 4, we use check boxes to indicate how each DSHS goal may contribute to the first three of these POG results where DSHS has most impact.

During the spring and summer of 2004, the POG Result Teams that include representatives from DSHS will review and update the success indicators and strategies of each area of expected results. DSHS will continue these discussions to develop our high level and intermediate level performance measures.

DSHS management team will also explore transformational strategies that may enable the department to more effectively achieve our goals by changing how we run our programs or provide our services.

STATUTORY AUTHORITY

RCW (Revised Code of Washington) 43.20A.010 defines the purpose of the department as follows.

> The department of social and health services is designed to integrate and coordinate all those activities involving provision of care for individuals who, as a result of their economic, social or health condition, require financial assistance, institutional care, rehabilitation or other social and health services. In order to provide for maximum efficiency of operation consistent with meeting the needs of those served or affected, the department will encompass substantially all of the powers, duties and functions vested by law on June 30, 1970, in the department of public assistance, the department of institutions, the veterans' rehabilitation council and the division of vocational rehabilitation of the coordinating council on occupational education. The department will concern itself with changing social needs, and will expedite the development and implementation of programs designed to achieve its goals. In furtherance of this policy, it is the legislative intent to set forth only the broad outline of the structure of the department, leaving specific details of its internal organization and management to those charged with its administration.

DSHS programs and services are also authorized by many additional federal laws and state laws. More detailed information regarding each program's statutory authority is included in Appendix 1.

Chapter 2 ● The People We Serve

Photo Source: PhotoDisk

INTRODUCTION

In Fiscal Year 2002, DSHS served more than 1.4 million people representing 22 percent of all residents in Washington State.

DSHS programs, with approximately 18,000 employees throughout the state, provide and manage a wide array of services to children, families, elders and people with disabilities and mental health issues.

DSHS protects clients by licensing and monitoring care providers. DSHS also fosters community safety by rehabilitating juvenile offenders and providing treatment services to sex offenders, people who abuse alcohol and substance or those with mental health issues.

DSHS directly manages institutions including residential habilitation centers, state mental hospitals and correctional facilities for juvenile offenders.

However, over 70% of DSHS's budget goes to contracted providers such as local hospitals, nursing homes, community organizations, non-profit and for-profit agencies, foster parents and child care centers.

Various DSHS programs also provide funding to county and local governments for their human services. Detailed information on DSHS programs is available on the DSHS Website.

Table: STATE RESIDENTS RECEIVING DSHS SERVICES IN FISCAL YEAR 2002

	All Ages		Youth (birth – 17)		Adults (18 – 64)		Elders (65 and up)	
DSHS Services by Program	Clients	Use Rate %*	Clients	Use Rate %*	Clients	Use Rate %*	Clients	Use Rate %*
Aging & Adult Services	59,629	0.9	34	-	17,315	0.5	42,036	6.2
Children's Services	194,845	3.0	94,330	4.8	81,674	2.1	910	0.1
Alcohol & Substance Abuse	55,288	0.9	9,712	0.5	45,302	1.2	274	-
Developmental Disability	35,974	0.6	17,503	0.9	17,711	0.5	749	0.1
Vocational Rehabilitation	24,887	0.4	338	-	24,419	0.6	130	-
Economic Services	744,620	11.5	330,355	16.9	377,505	9.8	36,747	5.4
Juvenile Rehabilitation	4,075	0.1	2,889	0.2	1,186	-	-	-
Medical Assistance	1,166,787	18.0	642,785	32.8	445,875	11.6	78,127	11.5
Mental Health Services	125,717	1.9	36,220	1.9	78,651	2.1	10,648	1.6
DSHS Agency Total	**1,427,086**	**22.0**	**695,134**	**35.5**	**628,429**	**16.4**	**85,126**	**12.6**
Total Population	*6,479,529*		*1,960,476*		*3,841,728*		*677,325*	

* Use Rate: The percent of total population receiving services (clients over total population).
Sources: DSHS Research and Data Analysis, Client Services Database, analytical extract of 7/22/03. Population is from the Office of Financial Management, 2002 Projection.

DESCRIPTION OF SERVICES

- Services that DSHS provides to **children** include investigation and intervention to prevent abuse and neglect, management of foster care and other out-of-home care, **early intervention** services for children with developmental delays, health insurance and subsidized **child care** for children in low-income families, mental health services for children from low-income families, and rehabilitation of **juvenile** offenders.

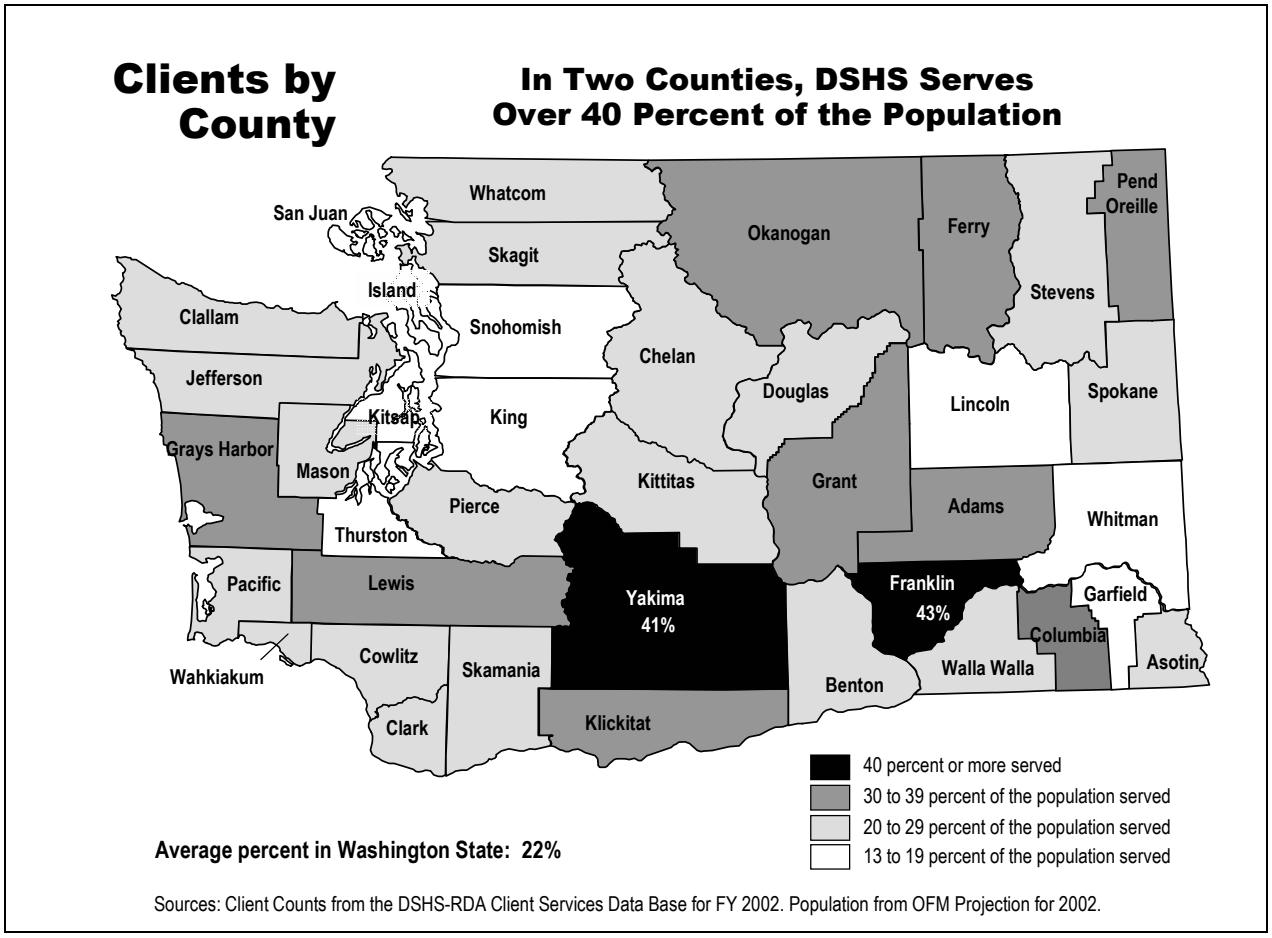
- **Medical assistance** is provided to over one million children, adults and elders mainly through Washington's Medicaid program – a health insurance program financed with a combination of state and federal funding.

- DSHS provides **economic services** that help people make ends meet. These services include food assistance, cash assistance for disabled unemployable adults or parents caring for children with disabilities and those who cannot work, **child support** payment collection, and **WorkFirst** that helps people find jobs and subsidizes **child care** and health insurance for low-wage workers.

- Inpatient and outpatient **mental health** treatment is provided to low-income individuals with acute and chronic mental illness, and to children with serious emotional disturbance. Treatment is also provided to **sex offenders** who have completed their prison terms but are likely to re-offend.

- Inpatient and outpatient **alcohol and substance abuse** treatment is provided to low-income adults and adolescents. Chemical dependency treatment is provided to thousands of offenders in community-based settings in lieu of incarceration. **Prevention** services are provided throughout the state.

- Services for people with disabilities and the elderly include **long-term care** (provided in people's homes, community facilities or nursing homes), **vocational rehabilitation**, adaptive technology – such as TTY (Text Telephone or Telecommunications Device for Deaf) machines for people who are **deaf or hard of hearing**, and residential care for people with **developmental disabilities**.



Chapter 3 ● Environmental Context

APPRAISAL OF EXTERNAL ENVIRONMENT

Less Government and Slow Economy

In the past few years, Washington citizens have chosen to reduce the role of government in a variety of ways. The majority of people want lower taxes and less government intrusion in their lives.

The September 11th terrorist attacks and the slow economic growth continue to impact employment in the United States. While Washington State appears to be coming out of a long recession, the slow recovery and continued budget constraints will continue to threaten the viability of social service programs that help many needy families, vulnerable children and adults.

Rises in Health Care Costs

The United States spent nearly $1.7 trillion on health care last year, and federal trustees now predict that Medicare will be financially insolvent by 2019 given current trends in revenues and expenditures.

Rapid growth in Medicaid enrollment has been matched in recent years by substantial rises in Medicaid costs. Washington Medicaid will be spending $12 billion in the 2003-05 biennium, capturing over 30 percent of the state's biennial appropriations, and over 75 percent of the biennial appropriation to DSHS. Medicaid provides funding for acute and long term care services to over 900,000, or 16 percent, of Washingtonians. Within DSHS, the Medicaid program is managed by six administrations.

While the federal government covers about half of these total costs, the state's share has been rising as much as a half billion dollars a biennium, with the most dramatic increases felt in the state's pharmaceutical costs. In December 2003, strong public support and a broad political consensus led the U. S. Congress to enact a compromise Medicare prescription drug benefit. However, there are pronounced partisan differences, technical complexities and benefit gaps associated with the new program, which goes into effect in 2006. It is anticipated that spending on health care will continue to outpace growth in the Gross Domestic Product through 2013.

TANF Reauthorization

Changes in federal requirements for Temporary Assistance for Needy Families (TANF) and its block grant funding levels now being considered by Congress could have significant policy and budget ramifications for states. This will largely determine the extent to which Washington State can continue its success in helping families move from welfare to economic self-sufficiency.

Federal funding for child care is a major issue in the reauthorization debate. It is important that child care is financed at a level that allows the state to maintain its current subsidy program and meet the higher costs associated with increased work requirements that are likely.

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

Growth in Population and Demand

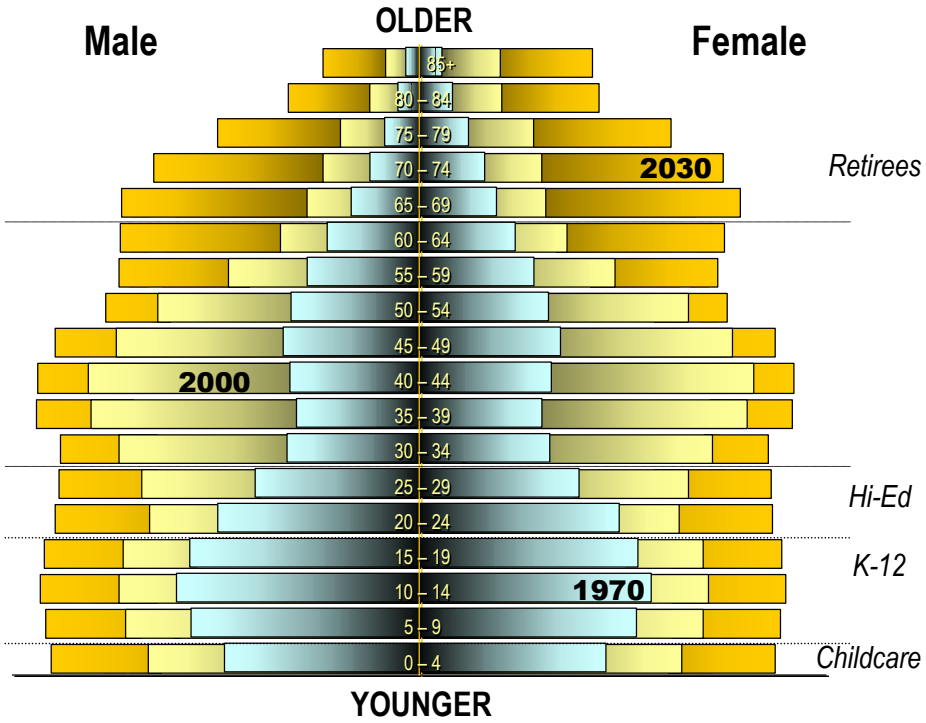
The November 2003 forecast of the state population predicts general population growth rates of 1.2 percent for Fiscal Year 2006 and 1.3 percent for Fiscal Year 2007. Changes in the number of persons in selected age groups and in the structure of families will place new demands on the state's economy and government.

Individuals are living longer, the population is aging, and advancements are being made in medical technology which results in successful supports to newborn children with disorders that may have previously proven fatal. Subsequently, the incidence of conditions such as autism and dementia has increased over time.

All these factors have resulted in a growing number of persons living with chronic illness, cognitive impairment, and developmental and functional disabilities who require assistance. The primary resource for long-term care continues to be family and friends.

However, numerous changes in family circumstances and work life have reduced the capacity of family caregivers to meet the needs of their loved ones. This has caused an increasing demand for improvement and expansion of the state's long-term care systems to support and complement the work of family caregivers.

Washington State Demographic Trend



Source: Office of Financial Management, Forecasting Division, September 2002.

Families and Children in Need

According to the *Kids Count: 2002 State of Washington's Children Report,* 22 percent of children in Washington State live in a single-parent home, up from 20 percent in 1990. Approximately 13 percent of Washington's 1.5 million children live in poverty, and the children of single-parent households are much more likely to be poor than are children in two-parent households.

States are seeing a growing proportion of their TANF caseloads represented by "child-only" cases. These cases, in which the only recipients of welfare benefits are children, now make up about one-third of the welfare caseload nationwide. This growth can be attributed in part to the overall decline in the TANF caseload as more families leave the program. But the number of child-only TANF cases is also increasing. In Washington State, child-only cases rose from 18.5 percent of the caseload (15,540 cases) in SFY 1998 to about 36 percent of the caseload (almost 19,000 cases) in SFY 2004.

Based on the 2000 Census Bureau data, approximately 32,000 or 2 percent of children in Washington State live in households headed by their grandparents or other relatives. These are children whose parents cannot or will not care for them due to illness, substance abuse, economic hardship, incarceration, divorce, domestic violence, or abuse and neglect. In Fiscal Year 2003, over 18,000 children were in the state's care for out-of-home placements. For these children, academic achievement will continue to be met through partnerships with local school systems, as well as through strategies to support children in age appropriate educational, developmental and mentoring programs.

Immigrant Population

The demographics of the refugee and immigrant populations in Washington State are changing. According to the 2000 Census, persons of Hispanic descent were the largest ethnic minority group in Washington State comprising 7.5 percent of the population, up from 4.2 percent in the 1990 Census. In 2001, 17 percent of DSHS clients were of Hispanic origin, increased from 7.5 percent in 1990.

Among refugees, the nations of origin have changed over the past decade with increasing numbers arriving from former Soviet republics. In Fiscal Year 2003, over 47 percent of the people receiving Refugee Cash Assistance came from Eastern Europe. More than 11 percent of the adults receiving TANF benefits are legal immigrants.

It is increasingly critical that the services we provide are appropriate to meet the needs of people from different backgrounds. Our cultural competency will continue to be fostered by continuous workforce development and the recruitment and retention of a diverse workforce.

ACTIVITIES LINK TO MAJOR PARTNERS

Partnerships for Service Integration: Working Together

DSHS has established linkages to individuals and groups who are knowledgeable of and have vital roles in the services we provide. These linkages with other governmental entities, advocate groups, providers, tribes, parents, and families are critical as we plan, manage and deliver our services. In some cases, partners may have interests that

conflict with each other or with the restrictions or guidelines that DSHS operates under. A notable restriction that often provides tension between DSHS and our partners is budget limitations. However, DSHS is committed to working with partners to resolve differences, overcome barriers, and develop programs that meet individuals' needs. Below are examples of DSHS activities in collaboration and coordination with our major partners:

- Families and Communities Together (FACT) projects – seek to develop a comprehensive community network and seamless system of supports and resources for needy families and children.
- Washington State's Families for Kids Partnership – brings together a statewide coalition focused on permanency of children's placements.
- Washington Medicaid Integration Project - coordinates health and long-term care services for high-risk Medicaid clients jointly served by DSHS programs and other partners.
- Service Delivery to Youth – partners with Regional Support Networks and other DSHS programs to address youth's issues such as mental health, chemical dependency, ongoing medication management, etc.
- Ticket to Work – increases the opportunities for individuals with disabilities to go to work by providing training and resources, using partnerships with public and private entities.
- Safe Babies, Safe Moms – uses a statewide consortium to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three.

Partnerships with Health Care Providers

DSHS administrations that manage Washington State Medicaid Program have been working hard to improve communications with its provider partners but are confronted with three immutable barriers:

- A tight and squeezing chokehold in the national and state economy: This continues to influence policymakers in their efforts to meet growing health-care expenditures in many agencies. Ultimately the state is facing a choice between cutting eligibility, cutting benefits, or cutting both. This is a challenge shared by the entire health care industry.
- Low reimbursement levels: This is an increasingly uncomfortable source of irritation for providers since every segment of the health-care industry is looking to squeeze out savings by lowering costs. Nevertheless, providers have acknowledged better communications with DSHS and are kept better abreast of its plans than before.
- Restrictions on how we can pay for client services: In the past, DSHS was able to use unspent Medicaid funds from the Regional Support Networks capitated rates to serve non-Medicaid clients or to deliver services not covered by Medicaid. As of April 2004, the federal Centers for Medicare and Medicaid Services will no longer approve this arrangement. That means we will need to review the service needs of non-Medicaid clients across the state to make the case for using state funds to cover those needs.

In addition, through efforts to streamline and simplify the administrative burden on our major partners and stakeholders, DSHS is strengthening its partnership with other groups such as the Washington Health Care Forum.

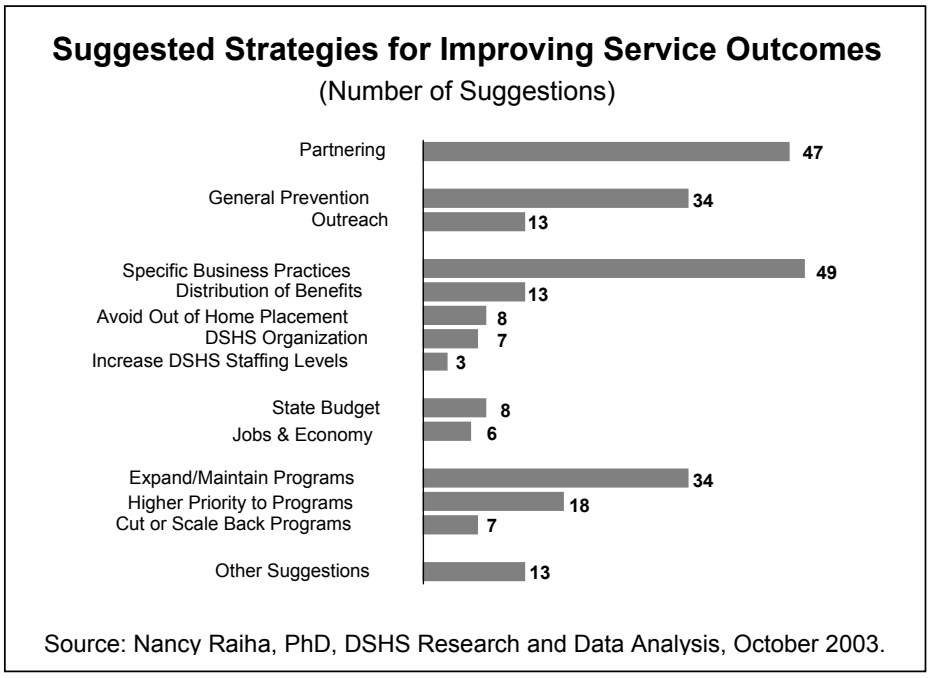
STAKEHOLDER INPUT

Community partnerships and collaborations are important to DSHS's success in serving our customers. Implementing policy directions and spending reductions requires changes in the way we do business and the level of services we provide. Therefore, it's important for DSHS to discuss our direction, options and challenges with our partners because the direction we take will impact the lives of a lot of people.

In July and August 2003, DSHS Secretary Braddock held four public meetings to listen to community partners' input regarding DSHS' priorities and future challenges. As part of the DSHS strategic planning effort, Secretary Braddock also invited our partners and stakeholders to participate in a stakeholder survey.

The respondents' suggestions were thoughtful, diverse, detailed, and creative. Many of the suggestions concerned partnering, prevention and specific DSHS business practices. Below are highlights of what we learned from this study.

- **The main categories of the survey respondents:** Health or human services providers, interested citizens, and advocates for clients
- **The most frequently mentioned priorities:** Services for children, health care and dental services, and services for persons with disabilities including developmental disabilities
- **The most suggested strategies for improving service outcomes:** Improving business practices, partnering with community and other organizations, making prevention efforts, and expanding or maintaining programs



All respondents' comments were distributed to the DSHS Management Team and were taken into consideration during this strategic planning period. Each DSHS program also initiated activities to solicit input from its respective stakeholders and partners during its strategic planning process.

FUTURE CHALLENGES AND OPPORTUNITIES

Financial Austerity

The severity of the state's economic situation threatens the viability of social service programs that help many needy families, children and vulnerable adults. In the long term, the state budget will be hard-pressed to finance the anticipated growth in demand for Medicaid long-term care and supportive services.

Pending policy and finance reform at the federal level, the State of Washington faces the challenge of balancing options, quality and value within severe budget constraints. The preferred approach will be to tighten eligibility standards in order to protect the fundamental integrity of the service delivery system.

This is a dilemma that DSHS and its many partners struggle with everyday. It is critical that DSHS demonstrates the value of the human services system to policy makers and our citizens. DSHS needs to collaborate with our stakeholders and partners to develop comprehensive, long-term solutions.

Liability versus Shared Responsibility

In recent years, DSHS and its partners have faced lawsuits regarding the state's perceived responsibility to ensure individual safety. Lawsuits challenge activities in our licensure programs, case management functions, and complaint investigation programs.

Washington is one of only six states in the country with no immunity for public agencies in the conduct of their duties. This exposes the state and its taxpayers to potentially large financial damages for the wrongful acts of third parties.

One of the challenges that DSHS will face in years to come will be to make clear that our programs are intended to support individual choice but can never guarantee that the choices individuals make will never lead them to harm. DSHS will need to focus energies on educating individuals, families, and communities on their shared responsibilities in monitoring care and avoiding potential negative outcomes.

Child Welfare System Reform

The federal Child and Family Services Review (CFSR) offers an important opportunity to evaluate Washington State's child welfare practice and outcomes. The results of the review are useful in focusing efforts on the areas most important to achieving better outcomes for children and families.

The strengths of Washington's child welfare system, which were identified in the review, provide the foundation upon which DSHS is developing an improved system to serve children and families. Many of the areas identified for improvement can be addressed through reprioritizing existing resources.

However, new resources may be required to solve larger issues such as the accessibility and availability of mental health services, increasing court capacity and representation to help achieve more timely permanence for children. To improve Washington's Child Welfare System, DSHS will be implementing a comprehensive reform agenda over the next two to six years.

Washington Medicaid Integration

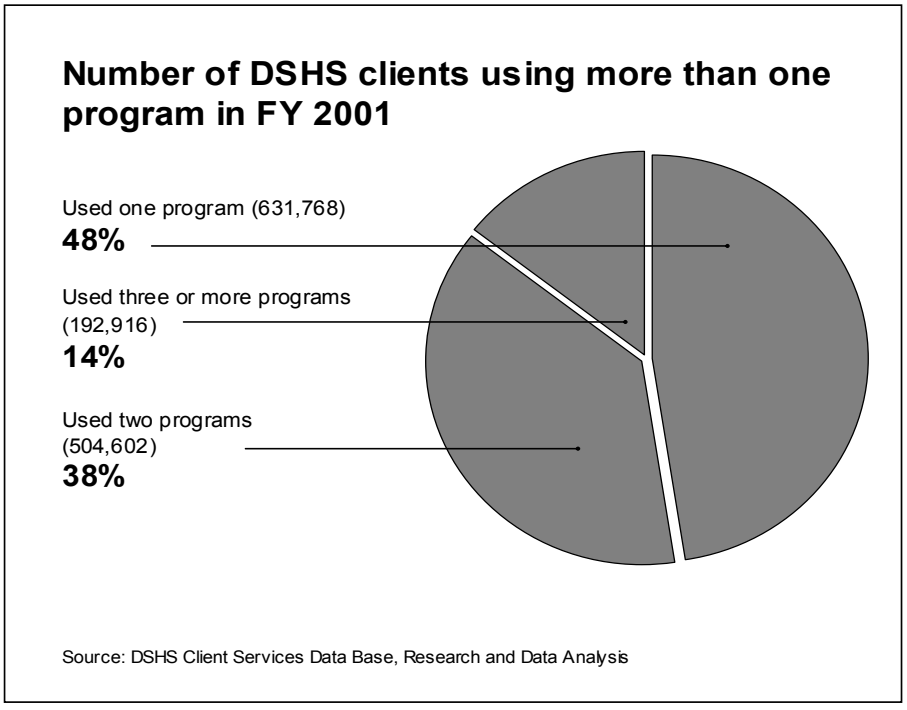
Secretary Braddock has charged the Assistant Secretaries of Aging & Disability Services (ADSA), Medical Assistance (MAA) and Health & Rehabilitative Services (HRSA) to collaborate on a major strategic initiative to coordinate health and long-term care services for high-risk Medicaid clients jointly served by their administrations.

The goal is to prevent or delay the progression of chronic illness and disability and to achieve significant savings in the fast-growing Medicaid budget.

MAA, ADSA and HRSA together account for 78% of the DSHS budget. The aged, blind and disabled population is only 21% of the MAA caseload, but accounts for 40% of the MAA budget. This same population accounts for two-thirds of the entire Medicaid budget and four-fifths of the prescription drug component. Many of these clients receive services from two or more DSHS programs.

Snohomish County was identified as the location for a major demonstration project coordinating health and long-term care services. The project will involve community partners and thousands of Medicaid clients. Initial services will include drug and alcohol abuse treatment, medical services, and mental health care.

The assessment of the success of this demonstration project will determine strategies for implementing additional similar projects in other parts of the state.



Chapter 4 ● Goals, Objectives, Strategies and Activities

Learning to Use A Moral Compass

Children who commit crimes can end up at the Naselle Youth Camp operated by DSHS Juvenile Rehabilitation Administration. Columnist Kathleen Merryman of *The News Tribune of Tacoma* went to the camp to find out what happens to the children who take wrong turns. She found some boys and girls learn to fight fires there as well as some lessons about life.

Photo Courtesy: Naselle Youth Camp

The strategic goals identified by the DSHS Executive Team for the period between Fiscal Years 2006 and 2011 are built upon our current executive philosophy. Listed below are the DSHS strategic goals for FY06-11.

A. Improve the Health and Safety of Communities and Clients
B. Improve Client Self-Sufficiency
C. Improve Accessibility and Service Integration
D. Improve Customer Service
E. Improve Prevention and Care
F. Improve Financial Resources Management
G. Improve Quality Assurance and Business Practices
H. Improve Eco-Environmental Sustainability
I. Improve Workforce Development and Diversity

During this strategic planning process, DSHS programs developed objectives and strategies that would contribute to the department's strategic goals, as summarized in the following pages. In this plan, each of the strategies is also accompanied by a list of program activities, as requested by OFM. These activities are consistent with those in OFM's Agency Activity Inventory System.

To avoid redundancies, some of the strategies that apply to multiple or all DSHS programs do not have specific activities attached.

GOAL A: IMPROVE HEALTH AND SAFETY OF COMMUNITIES AND CLIENTS

Objective 1: Improve the safety of vulnerable children and adults

Strategies:

1) Protect children from abuse and neglect by reducing chronic and recurrence of maltreatment, increasing safety for children placed in out-of-home care, and initiating timely investigations of reports of child maltreatment

   (Activities: Child Protective Services, Family Reconciliation Services, Division of Licensed Resources, Alternative Response System, Family Foster Home Care, Family Support Services, Other Foster Care Services, Public Health Nurses, Victim Assistance Program)

2) Help families and communities improve the well-being of children in their own homes and in out-of-home care by increasing worker visits and responding to needs of child, parents and foster parents

   (Activities: Child Protective Services, Child Welfare Services, Division of Licensed Resources, Family Foster Home Care, Family Reconciliation Services, Family Support Services, Medicaid Treatment Child Care, Other Foster Care Services, Public Health Nurses)

3) Provide quality services in the least restrictive settings that are cost-effective and appropriate to clients' health and safety needs

   (Activities: Nursing Home Services, LTC In-home Services, Residential Programs, Residential Habilitation Facilities, Personal Care, Medicaid Program for Aged, Blind and Disabled, Optional Health Benefits: Dental, Vision, and Hearing, Residential Program, LTC Eligibility/Case Management Services, LTC Residential Community Services, Employment and Day Programs, Public Safety Services, Field Services, Family Support Program for Developmental Disabled Clients, LTC Adult Day Health Community Services, State Operated Living Alternatives, Program for All-Inclusive Care for the Elderly, Professional Services for DD Clients)

4) Improve complaint investigation and crisis response systems for long-term care and developmentally disabled clients

   (Activities: Nursing Home Services, Residential Program, Professional Services for DD Clients, LTC In-home Services, Residential Programs, Residential Habilitation Facilities, Personal Care, Medicaid Program for Aged, Blind and Disabled, LTC Eligibility/Case Management Services, LTC Residential Community Services, LTC Investigations/Quality Assurance, Public Safety Services)

5) Provide families with access to quality child care services that promote healthy child development

   (Activities: Working Connections Child Care Program, Program Support, Medicaid Treatment Child Care)

6) Protect the health and safety of youth in our care by integrating cognitive behavioral therapy as the primary intervention and investing in capital improvements that support safety, security and therapeutic programming

   (Activities: Institutional Services for State Committed Juvenile Offenders, Community Services for Locally Committed Juveniles, Parole Transitional Services for State Committed Juvenile Offenders, Community Facility Transitional Services for State Committed Juvenile Offenders, Preventative Services for Juveniles)

Objective 2: Improve the health of clients who need medical, mental, or chemical dependency treatment services

Strategies:

1) Improve our citizens' health by purchasing evidence-based health care services

   (Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Consolidated Drug Purchasing, Medically Indigent Program)

2) Establish appropriate use and capacity of state psychiatric hospitals and promote services delivered in community settings

   (Activities: Community Mental Health Prepaid Health Services, Mental Health Facilities Services, Other Community Mental Health Services, Other Community Programs, Family Support Program for Developmentally Disabled Clients)

3) Enhance the health of clients, families, and communities by providing needed access to quality chemical dependency treatment services

   (Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Chemical Dependency Prevention Services, Support Services for Clients Receiving Drug and Alcohol Treatment)

Objective 3: Reduce recidivism and risks that threaten public safety

Strategies:

1) Expand access to chemical dependency treatment alternatives to incarceration to reduce crime, enhance public safety and reduce costs

   (Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Chemical Dependency Prevention Services, Support Services for Clients Receiving Drug and Alcohol Treatment)

2) Administer the Special Commitment Center's secure treatment program for sexual offenders in a new stand-alone institution on McNeil Island

   (Activities: Civil Commitment-Sexual Predators)

3) Implement evidence-based treatment services with youth in residential care and during parole aftercare that are proven to reduce recidivism

   (Activities: Institutional Services for State Committed Juvenile Offenders, Community Services for Locally Committed Juveniles, Parole Transitional Services for State Committed Juvenile Offenders, Community Facility Transitional Services for State Committed Juvenile Offenders, Preventative Services for Juveniles)

This goal contributes to the following *Priorities of Government* results:

☒ Improve the health of Washington citizens
☒ Improve the security of Washington's vulnerable children and adults
☒ Improve the safety of people and property

This goal contributes to the following *Balanced Scorecard* perspectives:

☒ Public Value ☒ Customer Perspective ☐ Financial Perspective ☐ Internal Process ☐ Learning/Growth

GOAL B: IMPROVE CLIENT SELF-SUFFICIENCY

Objective 1: Provide services that reduce poverty and help people become self-sufficient

Strategies:

1) Conduct effective assessment and case management for TANF families so that people can be quickly connected to the services and benefits they need to make successful transitions from welfare to economic self-sufficiency

   (Activities: Temporary Assistance to Needy Families, WorkFirst Employment and Training, Food Stamp Administration, Automated Client Eligibility Systems, Employment Support Services, Refugees, Other Client Services, Diversion Cash Assistance, Immigrant State Food Assistance, Refugee Assistance Income, Supplemental Security Income Payments, Child Support Recoveries, Medicaid for Optional Children, SCHIP, Consolidated Emergency Assistance)

2) Work with community partners to increase participation by low-income families and individuals in Washington's Basic Food Program

   (Activities: Food Stamp Administration, Immigrant State Food Assistance)

3) Improve access by low-income families to affordable child care

   (Activities: Working Connections Child Care Program)

4) Increase child support collections for poor children, and improve medical support order enforcement to provide more children with access to the health care coverage they need from their parents

   (Activities: Child Support Enforcement)

Objective 2: Provide transition support to encourage client self-sufficiency

Strategies:

1) Provide effective assistance and career choices to people with disabilities who are of working age and able to work

   (Activities: Employment and Day Programs, Vocational Rehabilitation Direct Client Services, Vocational Rehabilitation Counseling and Guidance, Optional Health Care for Workers with Disability, Vocational Rehabilitation Projects and Grants)

2) Strengthen partnerships among state, counties and schools to expand high school transition employment opportunities for persons with disabilities

   (Activities: Employment and Day Programs, Vocational Rehabilitation Direct Client Services, Vocational Rehabilitation Counseling and Guidance, Optional Health Care for Workers with Disability, Vocational Rehabilitation Projects and Grants)

3) Avoid out-of-home placements of vulnerable adults and children with developmental disabilities by providing information, training, support and preventive services to family and other informal caregivers

(Activities: LTC In-Home Services, LTC Eligibility/Case Management Services, Field Services, Personal Care, Medicaid Program for Aged/Blind/Disabled, General Assistance – Interim SSI, Optional Health Benefits: Dental/ Vision/Hearing, Family Support Program for Developmentally Disabled Clients, Program for All-Inclusive Care for the Elderly)

4) Improve permanency and stability for children who cannot stay in their own homes, preserve their connections with parents, siblings and other significant people, increase relative placements, and include provisions for early identification of cultural heritage

(Activities: Child Welfare Services, Division of Licensed Resources, Family Foster Home Care, Other Foster Care, Family Support Services, Crisis Residential Center, Secure Crisis Residential Center, Hope Center, Responsible Living Skills Program, Street Youth Program, Adoption Medical, Adoption Services and Support, Behavioral Rehabilitative Services)

5) Provide expanded access by public assistance clients to needed chemical dependency treatment services to improve self-sufficiency, expand employment, and reduce reliance on public assistance

(Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Support Services for Client Receiving Drug and Alcohol)

Objective 3: Improve treatment results to enable client self-sufficiency

Strategies:

1) Increase treatment retention and completion to help chemically dependent persons become self-sufficient

(Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Support Services for Client Receiving Drug and Alcohol)

2) Implement a cognitive-behavioral evidence-based Integrated Treatment Model to maintain a strong continuum of care for juveniles and to encourage active family involvement and life skills development

(Activities: Institutional Services for State Committed Juvenile Offenders, Parole Transitional Services for State Committed Juvenile, Community Facility Transitional Services for State Committed Juvenile Offenders, Community Services for Locally Committed Juveniles, Preventative Services for Juveniles)

3) Give consumers a voice in the mental health system and involve them in program planning and the recovery process

(Activities: Community Mental Health Prepaid Health Services, Mental Health Facilities Services, Other Community Mental Health Services)

4) Promote vocational services to civilly committed sex offenders to prepare them for work opportunities appropriate to their treatment and residential needs

(Activities: Civil Commitment – Sexual Predators, Civil Commitment – Less Restrictive Alternatives)

This goal contributes to the following *Priorities of Government* results:

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☒ Improve the safety of people and property

This goal contributes to the following *Balanced Scorecard* perspectives:

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GOAL C: IMPROVE ACCESSIBILITY AND SERVICE INTEGRATION

Objective 1: Increase community partnerships to leverage resources

Strategies:

1) In collaboration with our community partners, increase shared understanding of unmet need and service outcome

   (Activities: All programs that apply)

2) Develop partnership strategies that give community partners a greater voice and decision making in how services should be coordinated and delivered

   (Activities: All programs that apply)

3) Use partnership strategies that leverage and align resources to achieve service outcomes

   (Activities: All programs that apply)

Objective 2: Provide integrated services and coordinated case management

Strategies:

1) Build partnerships, infrastructure and systems to support integrated services and coordinated case management

   (Activities: All programs that apply)

2) Explore opportunities for facility co-location with service partners to improve service accessibility

   (Activities: All programs that apply)

Objective 3: Provide coordinated health care services to Medicaid clients

Strategies:

1) Increase number of children and adults served under joint mental health treatment plans by developing protocols and reducing administrative barriers

   (Activities: All programs that apply)

2) Provide integrated health care to persons needing services from multiple systems such as long-term care, mental health, chemical dependency treatment, or preventive health care

   (Activities: All programs that apply)

3) Improve management of high utilizers of health care services by creating 24-hour triage point at large hospital emergency rooms and strengthening cross-program service models

   (Activities: All programs that apply)

4) Implement county contracts to provide an outpatient continuum of alcohol and drug treatment services for low-income residents, with priority emphasis on pregnant and parenting women

(Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Support Services for Client Receiving Drug and Alcohol)

This goal contributes to the following *Priorities of Government* results:

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☐ Public Value ☒ Customer Perspective ☐ Financial Perspective ☒ Internal Process ☐ Learning/Growth

GOAL D: IMPROVE CUSTOMER SERVICE

Objective 1: Improve responsiveness and service delivery

Strategies:

1) Use multiple communication strategies to ensure accurate and timely information about DSHS programs is available and accessible to clients, customers and the public

(Activities: All programs)

2) Reduce telephone waiting times for health care clients and providers by increasing use of technological solutions and improving process management of applications and claims

(Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Consolidated Drug Purchasing, Medically Indigent Program)

3) Improve vocational rehabilitation outcomes by providing timely service access, eligibility determinations and employment plan development

(Activities: Vocational Rehabilitation Direct Client Services, Vocational Rehabilitation Counseling and Guidance, Optional Health Care for Workers with Disability, Vocational Rehabilitation Projects and Grants)

4) Consult with and learn concerns from Tribes, consumers, communities, service providers, and other stakeholders to facilitate decision-sharing and co-production so our services can be responsive to the clients' cultural backgrounds and individual needs

(Activities: All programs that apply)

Objective 2: Improve customer satisfaction by effective use of customer feedback

Strategies:

1) Continue to identify opportunities to improve customer service based on results of DSHS Client Survey, Public Survey, Provider Survey and other customer feedback studies

   (Activities: All programs that apply)

2) Encourage benchmarking by exchanging research data, success stories and best practices with other human service agencies, service providers and local community partners

   (Activities: All programs that apply)

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GOAL E: IMPROVE PREVENTION AND CARE

Objective 1: Expand prevention services and early intervention

Strategies:

1) Emphasize preventive health measures, encourage healthy lifestyle choices and reduce unintended pregnancy by distributing evidence-based information through many different community venues

   (Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Consolidated Drug Purchasing, Medically Indigent Program)

2) Implement the exemplary substance abuse prevention and treatment programs through recognizing best practices that significantly impact prevention and treatment of alcohol and drug abuse

   (Activities: Chemical Dependency Prevention Services)

3) Work with policy makers to formalize early intervention programs for infants and toddlers as a state priority

   (Activities: Infant Toddler Early Intervention Program)

4) Collaborate with public and private partners to increase awareness of domestic violence and to prevent abuse or neglect of children

(Activities: Child Protective Services, Child Welfare Services, Family Reconciliation Services, Division of Licensed Resources, Adoption Services and Support, Behavioral Rehabilitation Services, Responsible Living Skills Program, Street Youth Services, Victim Assistance, Washington Council for the Prevention of Child Abuse and Neglect)

Objective 2: Strengthen case review and planning resources

Strategies:

1) Maintain a case review system in compliance with federal requirements where each child's written case plan is developed jointly with parents and the child, court and administrative review are done timely, and foster, pre-adopt and relative caregivers have opportunities to be heard

(Activities: Child Protective Services, Child Welfare Services, Family Reconciliation Services, Division of Licensed Resources, Adoption Services and Support, Behavioral Rehabilitation Services, Family Foster Home Care)

2) Improve eligibility assessment, case management, care planning and care coordination functions for long-term care and developmentally disabled clients

(Activities: Nursing Home Services, LTC In-home Services, Residential Programs, Residential Habilitation Facilities, Personal Care, Medicaid Program for Aged/Blind/Disabled, Optional Health Benefits: Dental, Vision, and Hearing, LTC Eligibility/Case Management Services, LTC Residential Community Services, Employment and Day Programs, Public Safety Services, Field Services, Family Support Program for Developmental Disabled Clients, LTC Adult Day Health Community Services, State Operated Living Alternatives, Program for All-Inclusive Care for the Elderly, Professional Services for DD Clients)

This goal contributes to the following *Priorities of Government* results:

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GOAL F: IMPROVE FINANCIAL RESOURCES MANAGEMENT

Objective 1: Strengthen cost effective service alternatives

Strategies:

1) Reduce unnecessary use of nursing facilities and institutions by continuing to refine case management strategies to relocate persons in home/community settings consistent with individual choice and safety

(Activities: Nursing Home Services, LTC In-home Services, Residential Programs, Residential Habilitation Facilities, Personal Care, Medicaid Program for Aged/Blind/Disabled, Optional Health Benefits: Dental, Vision, and Hearing, LTC Eligibility/Case Management Services, LTC Residential Community Services, Employment and Day Programs, Public Safety Services, Field Services, Family Support Program for Developmental Disabled Clients, LTC Adult Day Health Community Services, State Operated Living Alternatives, Program for All-Inclusive Care for the Elderly, Professional Services for DD Clients, Other Community Programs, Community Mental Health Prepaid Health Services, Mental Health Facilities Services, Other Community Mental Health Services)

2) Reduce high-cost use of emergency rooms, hospitals, pharmacy and nursing facilities by integrating health care and long-term care services to better manage Medicaid budget for high-risk and the aged/blind/disabled population.

(Activities: All programs that apply)

Objective 2: Improve business practices to increase accountability

Strategies:

1) Improve and maintain high standards for accurate and appropriate billing and payment, including post-payment review

(Activities: All programs that apply)

2) Utilize the new Medicaid Management Information System to support the efforts of preventing inappropriate payments, recovering overpayments, and expanding audit capacity

(Activities: All programs that apply)

3) Improve accounting processes, financial systems and payment data for better monitoring and greater accountability

(Activities: All programs that apply)

4) Develop an e-Child Care system that streamlines the child care authorization and payment process and improves payment accuracy and program integrity

(Activities: Working Connections Child Care Program)

Objective 3: Create coordinated program and fiscal oversight for Medicaid programs

Strategies:

1) Use Medicaid Architecture analysis to develop strategies for improving coordination of Medicaid programs

(Activities: All programs that apply)

2) Implement a collaborative methodology to employ an oversight mechanism for Medicaid management functions

(Activities: All programs that apply)

3) Re-examine the medical assistance benefit structure and eligibility standards

(Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Adoption Medical, Consolidated Drug Purchasing, Medically Indigent Program)

This goal contributes to the following *Priorities of Government* results:

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GOAL G: IMPROVE QUALITY ASSURANCE AND BUSINESS PRACTICES

Objective 1: Improve decision making, service standards and outcomes

Strategies:

1) Increase use of Enterprise Architecture framework to facilitate the decision making process for agencywide projects or initiatives

   (Activities: All programs that apply)

2) Make adequate quality resources available for foster care, behavior rehabilitation services and adoption to meet recommended national standards

   (Activities: Child Protective Services, Child Welfare Services, Family Reconciliation Services, Division of Licensed Resources, Adoption Services and Support, Behavioral Rehabilitation Services, Family Foster Home Care)

3) Conduct at least one on-site technical assistance survey of each certified chemical dependency treatment provider every three years, and provide technical assistance to help them achieve compliance with state and federal regulations and improve quality standards of care

   (Activities: Community Based Drug and Alcohol Treatment Services, Residential Drug and Alcohol Treatment Services, Support Services for Client Receiving Drug and Alcohol)

4) Develop outcome measures of Integrated Treatment Model for the youth's residential care and parole aftercare, and implement a quality assurance program to enhance compliance with policies and procedures

   (Activities: Institutional Services for State Committed Juvenile Offenders, Parole Transitional Services for State Committed Juvenile, Community Facility Transitional Services for State Committed Juvenile Offenders, Community Services for Locally Committed Juveniles, Preventative Services for Juveniles)

Objective 2: Increase the use of information systems and performance indicators

Strategies:

1) Establish common methods for sharing information between systems to better coordinate client care

   (Activities: All programs that apply)

2) Create information system capacity to identify status, demographic characteristics, location and goals for children in foster care

   (Activities: Child Protective Services, Child Welfare Services, Family Reconciliation Services, Division of Licensed Resources, Adoption Services and Support, Behavioral Rehabilitation Services, Family Foster Home Care)

3) Automate program reporting requirements for JRA's Integrated Treatment Model and include them in the Client Activity Tracking System

   (Activities: Institutional Services for State Committed Juvenile Offenders, Parole Transitional Services for State Committed Juvenile, Community Facility Transitional Services for State Committed Juvenile Offenders, Community Services for Locally Committed Juveniles, Preventative Services for Juveniles)

4) Develop an information system that integrates quantitative and qualitative data across the mental health system

(Activities: Community Mental Health Prepaid Health Services, Mental Health Facilities Services, Other Community Mental Health Services)

5) Implement a Management Information System designed to collect, process and produce outcome data for alcohol and substance prevention efforts at the provider level

(Activities: Chemical Dependency Prevention Services)

Objective 3: Improve health care services and efficiencies

Strategies:

1) Prioritize the health care services that we purchase and apply evidence-based medicine to ensure effective coverage and access and to avoid unnecessary expenditures

(Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Consolidated Drug Purchasing, Medically Indigent Program)

2) Maximize inter/intra-agency coordination in benefit design, technology assessment and health care provider recruitment, and streamline processes to achieve administrative efficiencies

(Activities: Disproportionate Share Hospital/ProShare, Medical Eligibility Determination Services, Medical Care for General Assistance Unemployable and ADATSA. SCHIP, Consolidated Drug Purchasing, Medically Indigent Program)

This goal contributes to the following *Priorities of Government* results:

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GOAL H: IMPROVE ECO-ENVIRONMENTAL SUSTAINABILITY

Objective 1: Improve business practices to protect the environment

Strategies:

1) Use environmentally friendly products for all janitorial services in DSHS owned or leased facilities

(Activities: All programs that apply)

2) Require all new or significant remodeled DSHS leased office buildings to meet environmental standards

(Activities: All programs that apply)

Objective 2: Encourage efficient use of resources

Strategies:

1) Increase use of programs for salvage, reuse and recycling to include paper, aluminum cans, plastic, cardboard, glass and laptop batteries

   (Activities: All programs)

2) Meet or exceed the Commute Trip Reduction goal of 35% of the established baseline

   (Activities: All programs)

Objective 3: Promote awareness of sustainable practices

Strategies:

1) Educate all DSHS staff regarding the DSHS Sustainability Plan and sustainable practices

   (Activities: All programs)

This goal contributes to the following *Priorities of Government* results:
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This goal contributes to the following *Balanced Scorecard* perspectives:
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GOAL I: IMPROVE WORKFORCE DEVELOPMENT AND DIVERSITY

Objective 1: Advance professional and leadership development

Strategies:

1) Educate and motivate treatment professionals to implement research-based principles and evidence-based models to improve treatment retention and recovery rates

   (Activities: All programs that apply)

2) Educate and motivate prevention professionals to use prevention research theories and components of a research-based program planning model

   (Activities: All programs that apply)

3) Enhance awareness of risk management and implement business practices that ensure safety of employees and clients

   (Activities: All programs)

4) Implement DSHS Leadership Enrichment and Development Program that encourages educational, mentoring and succession planning activities

(Activities: All programs)

Objective 2: Recruit and retain a diverse workforce

Strategies:

1) Improve staff retention rates and retain a diverse and professional staff that is comprised of ethnic minorities and individuals with disabilities

(Activities: All programs)

2) Increase employment of underrepresented groups to enhance capacity for delivery of culturally appropriate services

(Activities: All programs)

This goal contributes to the following *Priorities of Government* results:
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Photo by Debbie Preston, Northwest Indian Fisheries Commission

Chapter 5 ● Organization Assessment Summary

PERFORMANCE ASSESSMENT

DSHS, in partnership with 65,000 private vendors, has stewardship of $8 billion each year in serving 1.3 million Washington residents. This involves almost 31 million financial transactions a year.

Beyond the reviews that are required by law, federal government and the State Auditor's Office, DSHS will continue to hold itself additionally accountable through performance reviews, independent reviews, audits and surveys. We take each review process seriously, and use the findings to continuously improve service systems and results.

Below are brief descriptions of these review activities.

- **Performance Reviews:** Each of the DSHS programs examines its financial accountability, business practices, and performance measurements at its monthly fiscal and program review meeting with the Secretary and Deputy Secretary.

- **Performance Agreements:** The Secretary and Assistant Secretaries review their annual performance agreements every quarter to monitor the progress towards the target set for each performance measure and address areas that require special attention.

- **Accountability Scorecard:** DSHS communicates with the public on its top priorities and objectives through the Accountability Scorecard that is easily accessible on DSHS Website. Updated information is distributed to the public annually through news release.

- **Internal Audits:** A DSHS cabinet-level Audit Committee is dedicated to assessing areas of risk, setting priorities for internal audits, reviews or consultations, and monitoring corrective actions resulting from audits. The committee is chaired by the Deputy Secretary.

- **Independent Reviews:** DSHS periodically uses external consulting firms to conduct independent reviews for specific programs. The purpose is to identify strategies for improving performance results through analysis of issues regarding the program's systems, operation, business, or management.

- **Continuous Quality Improvements:** DSHS continues to initiate and implement quality improvement projects to enhance program performance and results. Since 1998 when the Governor's Quality Award Program was established, sixteen of DSHS improvement projects have received this award. A number of projects have also received national recognitions.

- **Client and Public Surveys:** We survey clients, the public, providers and employees to collect feedback on our services and practices. The feedback can help us identify areas we need to sustain good practices, such as timely telephone response, and the progress we have made through improvement initiatives, such as Service Integration.

Table: 2001 to 2003 DSHS Client Survey Satisfaction Rates – Weighted Data

Areas of Indicated Progress

Client Survey Question	2001	2002	2003	Change 01-03	Change 02-03
DSHS makes sure services work well together	65%	69%	81%	16% *	12% *
Someone helps us with services from all program	60%	55%	67%	7%	12% *
The DSHS program offices are open at times that are good for us	81%	88%	92%	11% *	4% *
It's easy to get services from the DSHS program	63%	69%	72%	9% *	3%
We helped make plans and goals about services	71%	77%	80%	9% *	3%
I am satisfied with DSHS program services	73%	80%	82%	9% *	2%
DSHS program does good work	77%	87%	89%	12% *	2%
My DSHS program returned calls within 24 hours	64%	70%	71%	7%	1%
We got services as quickly as we needed	67%	77%	78%	11% *	1%

Areas Where High Standards Need to Be Maintained

Client Survey Question	2001	2002	2003	Change 01-03	Change 02-03
I know what DSHS program services there are for me and my family	76%	78%	73%	-3%	-5% *
We were involved in making choices about services	72%	78%	74%	2%	-4%
Staff treated us with courtesy and respect	84%	89%	86%	2%	-3%
Staff listened to what we have to say	81%	88%	86%	5% *	-2%
DSHS program staff explained things clearly	79%	83%	82%	3%	-1%
Overall, DSHS program services have helped me and my family	89%	94%	93%	4%	-1%

* Change is statistically significant at the .05 level.
Source: Nancy Raiha, Research and Data Analysis, DSHS Client Survey Reports of 2001, 2002 and 2003

FINANCIAL HEALTH ASSESSMENT

The federal revenue picture is uncertain at this time. The President's proposed budget has numerous reductions in grants to states that have the potential to reduce federal revenue to the department. The following information is provided to illustrate the potential loss of federal funding.

The 2005 proposal for Medicaid will reduce the federal share for administrative costs. This has the potential of affecting administrative match in most DSHS programs. The proposal also assumes that $5.7 billion of Medicaid funds will not be needed in Federal Fiscal Year 2004. Therefore, the Federal Fiscal Year 2005 request is for less that what may be necessary to maintain states' programs.

The ability to finance the Medicaid program through Upper Payment Limits (UPL) would be limited. Recently, the federal government curbed these financing mechanisms and implemented a compliance transition period of five years for the State of Washington. The budget proposal eliminates the transition period and adds more restrictions for such financing schemes.

The budget proposes a comprehensive framework to establish spending controls. This framework is based on the premise that any increase in spending should be offset by a reduction in other spending. This could impact social services. An example would be an increase in military spending that is offset by a reduction in Medicaid spending.

While Washington State appears to be coming out of a long recession, the slow recovery and continued budget constraints are affecting many residents. The state's stagnant economy and high unemployment will continue to strain many of DSHS programs, including TANF, Basic Food, General Assistance, child support collections, and medical assistance.

COST REDUCTION STRATEGIES

The department has implemented a number of cost reduction and efficiency strategies and will continue to explore innovative ways to achieve efficiencies. Described below are examples of these strategies.

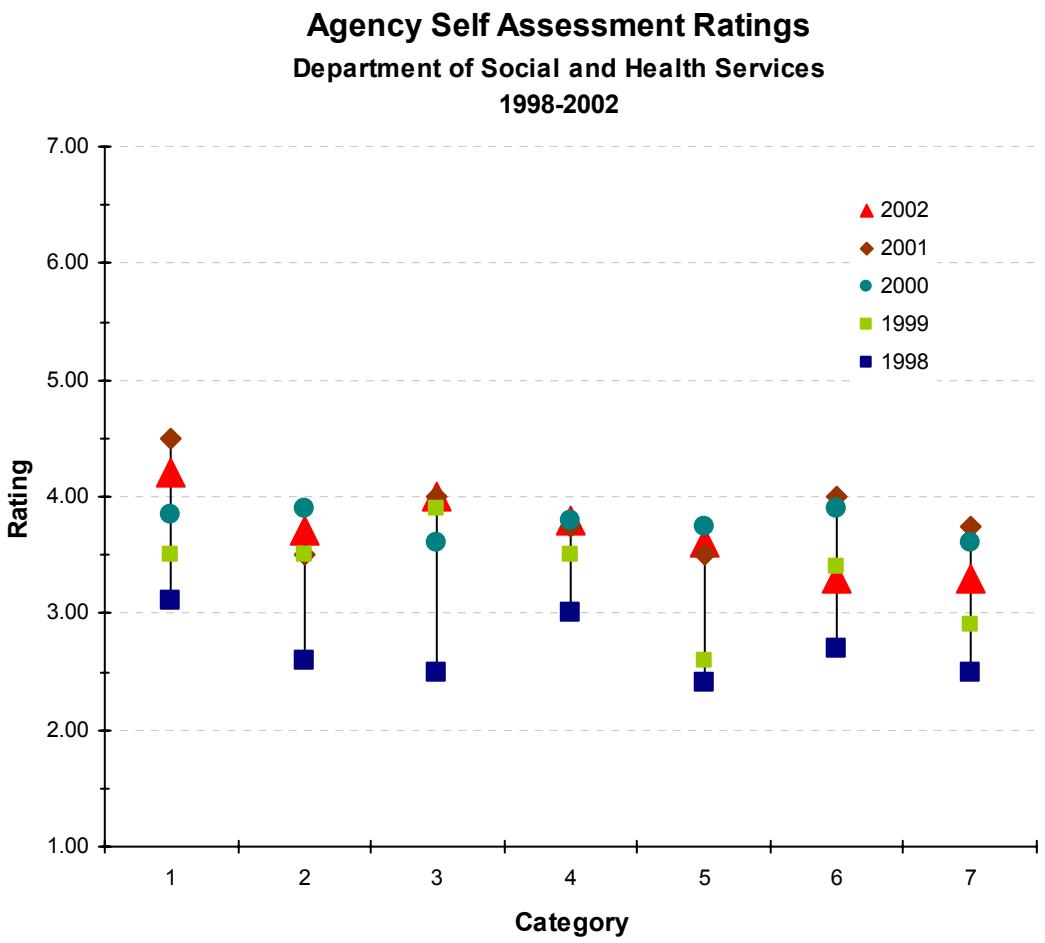
- Use of **imaging technology** in local Community Service Offices and Child Support offices across the state supports efficient document processing and improves customer service.
- The **Washington Combined Application Program** interfaces with Social Security Administration and allows immediate authorization and issuance of food assistance to low-income elderly or disabled people who are approved for federal disability benefits.
- The **long term care consolidation** of the Division of Developmental Disabilities and the Aging and Adult Services in late 2002 is expected to result in better service delivery to clients, better client management and more effective use of resources.
- The **Regional Business Services** project carries out a vision of standardized and consolidated regional business service delivery systems to provide field staff with high quality, efficient and sustainable business support.
- The **Medicaid Architecture** project reviews the structure of Medicaid-funded programs across six DSHS administrations. It seeks ways to coordinate and consolidate funding sources and operations to make DSHS Medicaid programs more cohesive and coherent and ultimately improving services to our clients.
- Other **efficient transaction strategies** include using an Internet Payment System and VISA-like Stored Value Card to process child support payments electronically, enhancing contractor monitoring to reduce overpayments, increasing outcome-based contracting, and implementing evidence-based health care purchasing.

AGENCY SELF ASSESSMENT

Since 1998, the Governor's Office has asked state agencies to do a self-assessment based on the Baldrige quality award criteria annually. It is designed to help each agency to look at their management practices and determine ways to make improvements in seven categories. These categories are Leadership, Strategic Planning, Customer Focus, Information and Analysis, Employee Focus, Process Management and Performance Results.

Between 1998 and 2002, DSHS has made incremental improvements in many of the assessment categories. In 2003, DSHS had the option to continue to work on the improvement areas identified in 2002 - employee satisfaction and recognition, human resources development, and data quality – and did not conduct an assessment.

Currently DSHS is conducting the 2004 Agency Self Assessment and will identify areas where progress has been made and areas that need to be improved upon in the next two years.



Year	Leadership	Strategic Planning	Customer Focus	Information & Analysis	Employee Focus	Process Management	Performance Results
2002	4.20	3.70	4.00	3.80	3.60	3.30	3.30
2001	4.50	3.50	4.00	3.75	3.50	4.00	3.75
2000	3.85	3.90	3.60	3.80	3.75	3.90	3.60
1999	3.50	3.50	3.90	3.50	2.60	3.40	2.90
1998	3.10	2.60	2.50	3.00	2.40	2.70	2.50

Ratings: 1 = Not engaged yet; 2 = Beginning to engage; 3 = Minimum standards met; 4 = Moderate success; 5 = Stable successes with trend results; 6 = Sustained results and as role model; 7 = World class excellence

Source: Mary Campbell, Office of the Governor, Agency Self Assessment Reports, from 1998 to 2002

Chapter 6 ● Capacity Assessment Summary

DSHS INFORMATION TECHNOLOGY STRATEGIC PLAN SUMMARY

The DSHS Information Technology (IT) Strategic Plan provides a vision and direction for information technology at DSHS. It focuses the implementation of information technology on supporting DSHS strategic goals and the Priorities of Government (POG), while providing alignment between IT and business plans.

The vision of IT at DSHS is to *create a collaborative information technology environment that facilitates development of high-quality business solutions across DSHS, supports data-driven decisions, improves client outcomes, integrates partners and services, manages cost, reduces risk and strengthens accountability.*

DSHS is planning and implementing several strategic initiatives in support of the IT vision and strategic goals.

- **Enterprise Architecture (EA):** The EA program provides a framework for decision-making and a common language that can be used across DSHS. The framework includes principles, models, processes, policies and standards within the areas of data, business processes and technology. The framework provides a means to clearly identify those areas that are best suited for common definition or standardization. Completion of the various framework elements will be an ongoing effort with new activities undertaken as opportunities arise.

- **Common Client and Provider Data:** Service integration remains a significant business need and, as a result, remains a focus for IT. One proposed initiative would address creation of a client hub that addresses long standing common client identifier issues within the Department. A similar effort will address the issue of provider identifiers. Other initiatives will look to maximize sharing of information between systems.

- **Secure IT Infrastructure:** Growing and maintaining a secure, robust and modern technology infrastructure remains a priority for the department. Technologies that allow secure access to employees using a variety of access methods and access media will be studied and implemented as appropriate.

- **Effective Project Management:** Building on work done in prior fiscal years, the use of effective project management practices will be promoted at various levels of the department. Policies, standards and practices that support project management, portfolio management, IT acquisition and investments and related areas will be developed and maintained.

Overall, the DSHS IT Strategic Plan provides a high-level road map for implementing enterprise wide IT initiatives. These initiatives are aligned with and in support of DSHS programs' strategic directions and DSHS's mission to improve the quality of life for individuals and families in need.

DSHS WORKFORCE DEVELOPMENT PLAN SUMMARY

The DSHS Workforce Development Plan is intended to provide a comprehensive framework for developing both the organization as a system, and the employees who strive to carry out the organization's mission.

As part of the workforce development planning process, each administration is to develop a Succession Plan prior to the start of the biennium. Each plan should address strategies for enhancing leadership development, mentoring, training, recruitment and retention.

Performance measures and objectives will be developed from each of these key areas. Plans will be reviewed annually to ensure the key goals and objectives remain current and relevant to the needs of DSHS.

It is important for DSHS to encourage employee development and organizational development, even with budgetary constraints. These activities will ensure agency sustainability and capacity growth. Listed below are supporting services available to programs in their workforce development and succession planning efforts.

- Leadership Enrichment and Development Program
- DSHS Mentoring Program
- Training and Consulting Services
- Change Management
- Measurable Data on Employee Training and Retention

DSHS INSTITUTIONAL FACILITY PLAN SUMMARY

The Lands and Buildings Division is working to develop capacity to compete for omnibus preservation projects from $7 million to $20 million per biennium to reduce the institutional deferred maintenance backlog. Listed below are some highlights.

- The institutions operated by the Division of Developmental Disabilities require preservation of residential living units, program support facilities, and campus infrastructure systems if they are to continue providing residential services.

- Population fluctuations and the increasing number of youth with mental illness will define the type of capital improvements required at the institutions operated by the Juvenile Rehabilitation Administration.

- Changes in the delivery of mental health services and changes in legislation or court rulings will define the ever-changing population to be served in the mental health hospitals operated by the Mental Health Division.

- Facilities for the Special Commitment Center are estimated to be adequate until 2008. But there is an anticipated need for additional secure community transition facilities beyond that.

DSHS DIVERSITY PLAN SUMMARY

The intent of the DSHS Diversity Plan is to achieve desirable outcomes across seven specific areas of focus. These areas are client services, employee hiring/promotions, contracting, requests for proposals, community/stakeholder involvement, education/ training, and sensitivity/awareness/celebration.

These specific focal points represent the areas of highest priority from which we will develop objectives and performance measures. The seven essential areas demonstrate the important value that the department places on diversity.

The Department's diversity plan is two-fold. First, each administration is required to provide their own diversity plan on how to improve the outcomes on the focal points described above. Administrations are required to submit the diversity plan every two years. A complete description of what is contained in a diversity plan is described in Appendix 5.

Second, an annual formal review of the progress we are making will be conducted throughout the six regions of the department. The Secretary of DSHS will attend each of the regional reviews. Assistant Secretaries will also attend and coordinate regional reviews so that department employees and community members may know that the value DSHS places on diversity is supported at the highest levels of the organization.

The reviews will examine our progress in hiring culturally competent and representative staff, equal opportunity contracting goal attainment, share "best practice" contracting methods, analyze trends/patterns across various client service systems, determine staff ethnicity/client ratios, and invite community participation. All of these approaches are aimed at improving client access and service outcome.

DSHS INDIAN POLICY PLAN SUMMARY

To assure quality and comprehensive DSHS service delivery to all American Indians and Alaska Natives in Washington State, the Office of Indian Policy and Support Services (IPSS) is responsible for coordinating efforts to address the collective needs of Tribal Governments and Recognized American Indian Organizations.

Administrative Policy 7.01 directs each administration of DSHS to work in consultation with the Federally Recognized Tribes and the Recognized American Indian Organizations in the development of a biennial service plan that is to be regional and headquarters specific.

The Federally Recognized Tribes (Tribes) exercises their sovereign Indian authority, and the Recognized American Indian Organizations (RAIO) exercises their rights as Indians and citizens of the state of Washington.

The Indian Policy Advisory Committee (IPAC) was established to guide the implementation of the Centennial Accord and Administrative Policy 7.01 (American Indian Policy). The IPAC does not circumvent the sovereign authority of Tribal Governments. IPSS continues to support IPAC in ongoing communications through its quarterly meetings.

The purpose of the Indian Policy Plan is to identify fiscal needs and/or possible administrative or legislative changes. Status reports are submitted in the middle of each biennium by each administration. This policy is currently under revision to address the need for enhancing the ongoing statewide efforts between the department and the Tribes and RAIO.

The Office of Indian Policy and Support Services will continue to address related issues through regular participation at the DSHS Cabinet meetings. In addition, there will be quarterly management meetings between IPSS and each administration, bi-monthly meetings with all department Tribal Liaisons, and semi-annual meeting with Indian Policy Advisory Committee and the Assistant Secretaries. Each Assistant Secretary will establish performance measures to monitor the progress of the work they will be doing with the Tribes of Washington State.

Paddlers in the 2003 Canoe Journey make their way to the Tulalip Tribe. Support from the Division of Alcohol and Substance Abuse helps to provide culturally appropriate prevention strategies, such as the year-long skill building, opportunities and positive recognition that Native youth receive while preparing for the Journey. (Photo by Doug North)

Appendices

APPENDIX 1 – STATUTORY AUTHORITIES

APPENDIX 2 – DSHS INFORMATION TECHNOLOGY STRATEGIC PLAN

APPENDIX 3 – DSHS WORKFORCE DEVELOPMENT PLAN

APPENDIX 4 – DSHS INSTITUTIONAL FACILITY PLAN

APPENDIX 5 – DSHS DIVERSITY PLAN

APPENDIX 6 – DSHS INDIAN POLICY PLAN

Appendix 1 ● Statutory Authorities

Aging and Disability Services Administration

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.
- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, authorizing home and community-based services as an option to nursing facility or institutional services.
- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.
- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.
- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.
- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.
- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.
- RCW 74.39.050 authorizes self-directed care.
- RCW 18.51 authorizes the nursing facility license functions.
- RCW 18.20 authorizes the boarding home license functions.
- RCW 74.46 authorizes the nursing facility payment system.
- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.
- RCW 74.39 authorizes in-hospital LTC assessment.
- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.
- RCW 70.128 authorizes the Adult Family Home program.
- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.
- RCW 70.195 establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.
- RCW 74.14A establishes policy for emotionally disturbed and mentally ill children, potentially dependent children, and families in conflict.
- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 18.188A authorizes delegation of selected nursing functions.
- RCW 71A provides for services to persons with developmental disabilities.
- Washington State Constitution – Article XIII, Section 1 authorizes institutions for the benefit of person who are developmentally disabled

Children's Administration

- RCW 74.13.100-159 authorizes Adoption Support, a program to encourage the adoption of hard-to-place children
- RCW 74.14A authorizes Children and Family Services and mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict.
- RCW 74.14B authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care services.
- RCW 74.14C authorizes Preservation Services, the provision of family preservation services and intensive family preservation services to prevent child dependency.
- RCW 74.14D authorizes Alternative Response System and mandates the establishment of the alternative response system (ARS), defined as voluntary family-centered services that are: (1) Provided by an entity with which the department contracts; and (2) Intended to increase the strengths and cohesiveness of families when the department determines there is a low risk of child abuse or neglect.
- RCW 74.15 authorizes Foster Care Licensing and directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care.

Economic Services Administration

Aid to Needy Families & Individuals

- RCW 74.04 establishes DSHS as the single state agency to establish and administer public assistance programs in accordance with federal law.
- RCW 74.08 authorizes DSHS to provide financial assistance and services in accordance with federal rules on behalf of persons who are aged, blind or disabled.
- RCW 74.08A.040 directs DSHS to provide tribes with ongoing, meaningful opportunities to participate in the development, oversight, and operation of the WorkFirst program.
- RCW 74.12 authorizes DSHS to administer WorkFirst, the state's Temporary Assistance for Needy Families (TANF) cash assistance and welfare-to-work program.
- RCW 74.25A, Employment Partnership Program Act, establishes a voluntary program using public wage subsidies and employer matching salaries to create new jobs with livable wages and promotional opportunities for the chronically unemployed and underemployed persons.
- RCW 80.36.470 establishes a telephone and community voice mail assistance program for adults receiving ongoing financial, food or medical assistance from DSHS.

Child Care

- RCW 74.13 authorizes DSHS to provide child care subsidies to TANF and other low-income working families, and provide services and build partnerships aimed at building a system of quality, affordable child care.
- RCW 74.15 provides DSHS with the authority to promote the development of a sufficient number and variety of adequate child care facilities; provide consultation to agencies caring for children in order to help them to improve their methods of care; license agencies; and assure the users of the licensed agencies that adequate minimum standards are maintained by all agencies caring for children.
- 45 CFR, Parts 98 and 99, Child Care and Development Fund, Implements the child care provisions of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, and requires that child care funds be administered as a unified program, defined as the Child Care and Development Fund (CCDF). Provides standards for family eligibility, co-payments, equal access to care, and the allowable use of the funds.

Child Support Enforcement

- RCW 26.09 establishes a requirement for parents to support their children.
- RCW 26.18 authorizes DSHS to enforce child support obligations and supplements RCW 74.20A.
- RCW 26.19 establishes a child support schedule to insure that child support orders are adequate to meet a child's basic needs and to provide additional child support commensurate with the parents' income, resources, and standard of living.
- RCW 26.26 governs every determination of parentage in Washington
- RCW 26.23 creates the Washington State Support Registry and authorizes DSHS to create a centralized registry for the recording and distribution of child support.
- RCW 74.20 authorizes DSHS to enforce child support obligations.
- Title IV-D, Child Support Enforcement, 45 CFR 300–310, Provides federal funds to states for the purpose of enforcing the support obligations owed by non-custodial parents to their children and the spouse or former spouse with whom children are living. States also locate non-custodial parents, establish paternity, and assure support to all children, including children whose families receive TANF.

Federal Statutory Authority: Aid to Needy Families & Individuals

- Title IV-A authorizes the Temporary Assistance for Needy Families (TANF) program and gives states wide flexibility to design TANF in ways that promote work, responsibility and self-sufficiency.
- Title XII establishes the eligibility criteria and benefit levels for the federal Food Stamp Program as created by the Food Stamp Act of 1977, Public Law 88-525 (7 U.S.C. 2011-2036).
- Title XIII imposes eligibility restrictions upon qualified and non-qualified aliens to TANF, SSI, and Food Stamp benefits imposed under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.

- Title XI authorizes the federal Department of Health and Human Services to provide temporary assistance to U.S. citizens who have been returned from foreign countries. The law specifies the conditions under which the funds can be used.
- Title XVI establishes federal funding for the Supplemental Security Income Program to provide financial assistance to aged, blind, and disabled persons with limited income and resources.
- PL 96-212, Refugee Act of 1980, amends the Immigration and Nationality Act to provide for the admission and resettlement of refugees. The law and its amendments also authorize federal assistance to states for the resettlement of refugees.
- P.L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, gives states choices in how to structure their welfare programs. Federal funding is provided in the form of the Temporary Assistance to Needy Families (TANF) block grant, and is fixed at the same level for five years. PRWORA provides new federal child care funds, reauthorizes the Child Care and Development Block Grant (CCDBG), and requires these combined funds to be administered as a unified program under the Child Care and Development Fund (CCDF).
- P.L. 105-33, Balanced Budget Act (BBA) of 1997, makes changes and implements numerous technical corrections to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- PL 107-171, Food Stamp Reauthorization Act of 2002, reauthorizes the federal Food Stamp Program to provide for improved levels of nutrition among low-income households by supplementing households' food purchasing power.
- 7 CFR, Chapter II, Food Stamp and Food Distribution Program that implement the provisions of the Food Stamp Act of 1977, P.L. 88-525.
- 45 CFR, Part 260, Temporary Assistance for Needy Families Program (TANF), implements the cash assistance, work participation, and data reporting requirements of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- 47 USC Sec. 254, Universal Service Telecommunications Act of 1996, gives states the option to provide telephone assistance to low-income individuals and families, and provides guidelines on subsidy amounts and payments to telephone companies.

Health and Rehabilitative Services Administration

Division of Alcohol and Substance Abuse (DASA)

- RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services.
- RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.
- RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA), administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration.

- RCW 74.50, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.
- RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.
- RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.
- RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.
- RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.
- Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities - DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.
- Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, provides that DASA and all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.

Mental Health Division

- RCW 10.77 provides for the commitment of persons found incompetent to stand trial or acquitted of a crime by reason of insanity, when found to be a substantial danger to other persons or that there is a likelihood of committing acts jeopardizing public safety or security unless under control by the courts, other persons, or institutions. Also provides an indigent person's right to be examined by court appointed experts.
- RCW 71.05 provides for persons suffering from mental disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with Chapter 71.24 RCW.
- RCW 71.24 authorizes community mental health programs through county-based regional support networks that operate systems of care.
- RCW 71.34 authorizes mental health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment, and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.
- RCW 72.23 authorizes Eastern and Western psychiatric state hospitals for the admission of voluntary patients.
- RCW 74.09 authorizes medical services, including behavioral health care, for recipients of federal Medicaid as well as general assistance and alcohol and drug addiction services.

- RCW 38.52 authorizes the administration of state and federal programs for emergency management and disaster relief, including coordinated efforts by state and federal agencies.

Office of Deaf and Hard of Hearing

- Americans with Disabilities Act of 1990 mandates reasonable accommodations for people with disabilities to ensure access to and full participation in services offered by government and businesses and to provide equal employment opportunities, as well as establishing for the provision of telecommunications relay services.
- Rehabilitation Act of 1973, Section 504, mandates reasonable accommodations for people with disabilities to allow full access to and participation in public and private programs and services receiving federal funds.
- *Individuals with Disabilities Education Act* mandates provision of a free and appropriate education to all children with disabilities.
- Telecommunication Act of 1996, as amended, Section 225, mandates establishment of relay services for persons who are deaf or hard of hearing; Section 255 requires that telecommunications service providers and manufacturers ensure that their telecommunications services and products are usable to the greatest extent possible by persons with disabilities.
- RCW 43.20(A).720 authorizes the Office of the Deaf and Hard of Hearing, under the auspices of the Department of Social and Health Services (DSHS), to administer and fund for the provision of telecommunications and distribution of specialized telecommunication equipment.

- RCW 49.60 mandates the provision of reasonable accommodations for people with disabilities in places of employment, government and businesses.

Special Commitment Center

- RCW 71.09, Sexually Violent Predators, authorizes Special Commitment Center to provide care, control and treatment to committed sexually violent predators that have completed a prison term.

Division of Vocational Rehabilitation

- United States Code at 29 USC 701 et al. Seq., Public Law 102-569, provides that the Washington Division of Vocational Rehabilitation is the Designated State Unit (DSU) to receive federal funds under the Rehabilitation Act of 1973, as amended. The law and its amendments specify the way in which funds will be used for the vocational rehabilitation of eligible individuals with disabilities.
- RCW 74.29 establishes the purpose of the Division of Vocational Rehabilitation as to (1) rehabilitate individuals with disabilities who have a barrier to employment so that they may prepare for and engage in gainful occupation; (2) provide persons with physical, mental, or sensory disabilities with a program of services which will result in greater opportunities for them to enter more fully into life in the community; (3) promote activities which will assist individuals with disabilities to become self-sufficient and self-supporting; and (4) encourage and develop community rehabilitation programs, job support services, and other resources needed by individuals with disabilities.

- Workforce Investment Act of 1998 provides the framework for a unique national workforce preparation and employment system designed to meet both the needs of the nation's businesses and the needs of job seekers, including those who want to further their careers.
- The Rehabilitation Act, as amended in 1998, reinforces the belief that every individual has the right to participate fully in the economic, social, cultural, and educational mainstream of America.

Juvenile Rehabilitation Administration

- Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. RCW Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs.
- RCW 13.06 consolidated Juvenile Services Programs and local court services to pre-commitment juveniles and authority for alternative sentences for juveniles who are eligible for JRA commitment.
- RCW 13.24, the Interstate Compact on Juveniles, establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states.
- RCW 13.40, the Juvenile Justice Act of 1977 establishes a system of accountability and rehabilitative treatment for juvenile offenders.
- RCW 13.80.010 through 13.80.050, Learning and Life Skills Centers, establish alternative high school programs, operated by school district staff, for JRA juveniles in community programs needing additional structure and individualized instruction.
- RCW 28A.190, Residential Education Programs, establishes the authority and guidelines for school/educational programs within JRA.
- RCW 72.05, Residential Programs, establishes the authority for the operation, supervision, management, and control of JRA residential programs.
- RCW 72.16 authorizes the operation of the Green Hill School.
- RCW 72.19 authorizes the operation of the Echo Glen Children's Center.
- RCW 72.20 authorizes the operation of the Maple Lane School.
- Several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone – Morgan v. Sproat, 432 F. Supp. 1130 (Miss. 1977); Training School v. Affleck, 344 F. Supp. 1354 (D.R.I. 1972).

Medical Assistance Administration

Federal Statutory Authority

- Title II, XIX and XXI of the Social Security Act [Title 42, U.S. Code (USC)]
- Titles 20 and 42 Code of Federal Regulations (CFR)

State Statutory Authority

- Article III – Creation of Executive Departments.
- Article XIII – Provisions regarding protection of vulnerable populations.

- Article XX – Provisions regarding public health, medicine and drugs.
- RCW 74.04 – Medical Assistance Program's miscellaneous authority.
- RCW 74.09 – Enabling statute for the Medical Assistance Program.
- RCW 74.09A – Coordination of benefits provisions of Medical Assistance.
- RCW 43.17.120 and 43.17.130 – MAA's designation as the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability determination agency for the state.
- Title 388, Washington Administrative Code (WAC)

Administrative and Support Services

State Laws

- RCW 4.92 – Authorizes Tort Claims.
- RCW 10.93.020(2) – Designates the Division of Fraud Investigations (DFI) to perform the law enforcement functions for the department.
- RCW 10.97.030(5) and (6) – Define a "criminal justice agency" and "the administration of criminal justice" for purposes of obtaining criminal history record information. DFI is certified as a criminal justice agency by the Washington State Patrol in accordance with this definition.
- RCW 13.04.116 – Prohibits holding juveniles in jail.
- RCW 13.40.220 – Authorizes recovery for Juvenile Rehabilitation.
- RCW 36.70A.010 – governs housing for populations with special needs and siting essential public facilities.
- RCW 41.06 – Establishes State Civil Service Law.
- RCW 41.56 – Establishes rules and regulations regarding public employee collective bargaining and labor relations.
- RCW 43.19 – Authorizes Risk Management.
- RCW 43.20A – Creates DSHS and outlines the laws governing the establishment and operations of DSHS.
- RCW 43.20A.360 – Authorizes committees and councils.
- RCW 43.20B – Authorizes financial recovery.
- RCW 43.121 – Establishes in the executive office of the Governor a Washington Council for Prevention of Child Abuse and Neglect (WCPCAN).
- RCW 43.121.100 – Establishes the Children's Trust Fund as a separate treasury to receive public and private donations. Disbursements of funds from this account are authorized by WCPCAN.
- RCW 43.121.140 – Directs WCPCAN to conduct a proactive public information and communication outreach campaign regarding the dangers of shaking infants and young children, the causes and prevention of shaken baby syndrome.
- RCW 43.88 – Establishes a state budgeting, accounting and reporting system for all activities of state government.
- RCW 49.60 – Establishes Anti-Discrimination Laws.
- RCW 51 – Establishes Industrial Insurance Laws.

- RCW 74.04.011 – Establishes the DSHS Secretary's authority related to personnel matters.
- RCW 74.04.015 – Authorizes the administration of, and the disbursement of all funds, goods, commodities and services of DSHS.
- Title 72 RCW and RCW 79.01 et seq. – Authorizes the management of institutional lands.
- Washington Industrial Safety & Health Act (WISHA).
- WAC 18-208 & 12 – Authorizes employee benefits.
- WAC 263-12, WAC 296-24, WAC 296-62 – Occupational Safety and Industrial Insurance Appeals.
- WAC 356 – Merit System Rules.

Federal Laws

- National Fire Codes.
- Occupational Safety and Health Act (OSHA).
- National Institute of Occupational Safety and Health (NIOSH).
- Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972.
- The Civil Rights Act of 1991.
- Sections 503 and 504 of the Rehabilitation Act of 1973 as amended.
- The Americans with Disabilities Act of 1990.
- The 1974 Vietnam Era Veterans Readjustment Assistance Act.
- The Age Discrimination in Employment Act of 1967.
- The Age Discrimination Act of 1975.
- The Food Stamp Act of 1977.
- Federal Executive Order 11246, as amended by Executive Order 11375.

Appendix 2 ● DSHS Information Technology Strategic Plan

Executive Summary

The Information Technology (IT) Strategic Plan provides a vision and direction for information technology at DSHS. It focuses the implementation of information technology on supporting DSHS strategic goals and the Priorities of Government (POG), while providing alignment between IT and business plans.

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Overall, the DSHS IT Strategic Plan provides a high-level road map for implementing enterprise wide IT initiatives. These are aligned with and in support of strategic business plans and DSHS's mission to improve the quality of life for individuals and families in need. We will help people achieve safe, self sufficient, healthy and secure lives.

Our Guiding Directions

MISSION

DSHS

The mission of DSHS is to improve the quality of life for individuals and families in need. We will help people achieve safe, self sufficient, healthy and secure lives.

IT

The mission of DSHS IT is to collaborate with the DSHS business community to implement business/technology solutions that will improve the quality of life for individuals and families in need.

The IT community provides:

- Strategic and tactical IT planning;
- Application development and maintenance;
- Network Administration;
- Desktop administration and support;
- Computer operations; and
- User support

We strive to provide quality services through the deliberate and effective use of technology.

VISION

Create a collaborative information technology environment that facilitates development of high-quality business solutions across DSHS, supports data-driven decisions, improves client outcomes, integrates partners and services, manages cost, reduces risk and strengthens accountability.

GUIDING PRINCIPLES/CORE VALUES

- Data, business processes and technology should be common when there is a clear business case.
- Data, business processes and technology should be designed around natural "information system" boundaries with tight coupling within "systems" and loose coupling between "systems".

STATUTORY AUTHORITY

- Revised Code of Washington (RCW) 43.105
- Information Service Board – Information Technology Portfolio Planning Policy

Environmental Context

APPRAISAL OF EXTERNAL ENVIRONMENT

- The state's financial situation may limit the options available to IT as state resources are directed to other governmental priorities.

- The public will continue to demand governmental agencies do more with less. This will put additional pressure on the DSHS to manage resources efficiently through automation.

TRENDS IN CUSTOMER CHARACTERISTICS

- Customers want quality services delivered in a more economical and timely fashion.

- Customers internal and external to the Department will continue to demand expert services and IT solutions in order to meet diverse needs and priorities.

- Customers are becoming increasingly knowledgeable about technology. They will look for more and more information available electronically and will demand e-commerce solutions for their business needs. Additionally, customers of the Department are demanding integrated information and services delivered in a holistic fashion.

- There is increasing demand from customers for immediate response to their needs. They want to feel as if their business needs are taken seriously, they are part of the decision making process, and their resources are used prudently.

ACTIVITY LINKS TO MAJOR PARTNERS

DSHS continues to work closely with the Department of Information Services (DIS) and other state agencies in the area of IT policy and planning. Examples of this collaboration include participation in the statewide Enterprise Architecture Committee, the Project Management Framework Workgroup, the Customer Advisory Board (CAB), the Technical Infrastructure Committee, the Enterprise Active Directory Workgroup and the Washington Computer Incident Response Center (WACIRC).

Interaction with the Office of Financial Management (OFM) occurs around high visibility IT projects that require special funding by the state legislature or to gain approval for IT projects with potential statewide impacts.

STAKEHOLDERS INPUT

Each program area in DSHS collected stakeholder input through a variety of means. This input informed the strategic plans for the program areas. These plans created the basis for the DSHS IT strategic plan.

FUTURE CHALLENGES AND OPPORTUNITIES

In the past few years, DSHS has experienced some fundamental shifts in how services are accessed and how services are delivered. Employees and their workstations are becoming more mobile and less tied to a worksite. Call centers and interactive voice response systems are becoming more commonplace. Many parts of the department have abandoned the use of paper files and moved to use of digital storage. The volume of virulent cyber attacks has increased resulting in heightened vigilance in the area of IT security. Decreasing fiscal and staff resources have increased interest in finding technology solutions at the enterprise level when practical.

These changes require expansion of the agency's technology infrastructure and often result in expansion of program area service offerings. These services are in addition to existing service offerings. Balancing the need for proactive implementation of new services offerings while maintaining excellence in existing service offerings is an ongoing challenge.

In FY04, DSHS began building an Enterprise Architecture program. The Enterprise architecture will provide a framework for decision-making on business and technology issues.

Goals, Objectives, Strategies and Methods

This section contains objectives, strategies and methods that align with the DSHS strategic goals. These focus on enterprise wide initiatives that provide long-term value to the department.

GOAL: IMPROVE ACCESSIBILITY AND SERVICE INTEGRATION

Objective 1: Support the service integration with business-driven technology solutions that are secure and maintain confidentiality

Strategies:

- Develop common solutions where there is a business case
- Establish common methods for sharing information between systems to better coordinate care

Methods:

- Complete scope and requirements definition, feasibility study and develop project plan for common client data project.
- Complete scope and requirements definition, feasibility study and develop project plan for common provider data project.
- Seek and secure funding for planned client and provider data projects.

Please check all Balanced Scorecard themes that apply:

Themes: ☐Public ☒Customer ☐Financial ☒Internal ☐Learning & Growth

GOAL: IMPROVE CUSTOMER SERVICE

Objective 1: Enhance and maintain information technology across the department to meet changing needs and capacity requirements

Strategies:

- Maintain/update core systems to meet evolving needs and technology changes
- Increase the capacity, security and availability of network and systems

Methods:

- Fully implement the re-procured MMIS.
- Fully implement the new HRMS and decommission or modify existing shadow systems.
- Deploy Exchange 2003 (e-mail).
- Explore alternatives for a DSHS employee portal.

Please check all Balanced Scorecard themes that apply:

Themes: ☐Public ☒Customer ☐Financial ☒Internal ☐Learning & Growth

GOAL: IMPROVE QUALITY ASSURANCE AND MEASUREMENT

Objective 1: Enhance data and analysis capacity to manage budget, caseloads and programs

Strategies:

- Improve access to management information
- Standardize data to enable data integration and analysis
- Improve ability to use shared information to make decisions

Methods:

- Develop data models and data standards for shared client and provider data.
- Explore enterprise business intelligence strategy that addresses use of disparate, aggregate data.

Objective 2: Establish an Enterprise Architecture Program to support decision-making

Strategies:

- Establish principles and supporting models to guide decision-making
- Establish IT related standards for the enterprise
- Work with ongoing projects to build and refine architecture components

Methods:

- Develop principles for the DSHS Enterprise Architecture Framework. This includes overarching principles and specific principles for Data, Process and Technology.
- Develop an Enterprise Process Model for all of DSHS processes. Establish information system boundaries using the model.

- Develop a technology classification scheme to assist in determining standards related to technology resources.
- Use the Enterprise Architecture Framework on all risk level 3 projects. Refine the framework with project deliverables.

Objective 3: Manage information technology in DSHS using sound project management and quality improvement practices.

Strategies:

- Promote use of statewide policies and procedures impacting IT projects or other IT activities
- Share best practice information
- Support streamlining of business processes prior to application of technology
- Strengthen relationship with policy, program and operations staff during the lifecycle of a project or initiative, beginning with the planning phase

Methods:

- Based on existing Information Services Board policies and standards, document IT policies and standards for use in DSHS.
- Establish training for IT policies, standards & best practice.
- Streamline & automate the collection of infrastructure inventory information for the agency IT Portfolio.
- Establish internal DSHS project oversight requirements and processes for projects at different risk levels.
- Promote the use of sound project management practice, including the use of Project Management Framework where appropriate and development of enterprise standards where beneficial.
- Educate business partners (e.g. management, contractors, program, policy, operation and IT staffs) on the benefits of project management and systems development life cycle best practices.

Please check all Balanced Scorecard themes that apply:

Themes: ☐Public ☐Customer ☐Financial ☒Internal ☒Learning & Growth

Appendix 3 ● DSHS Workforce Development Plan

Introduction

In DSHS, each administration is responsible for developing and implementing a Succession Plan each Biennium that specifically addresses the following:

- Workforce analysis and trends in employment over the next five years, including measurable data of turnover, retirement, attrition, and promotion
- Leadership Development and Mentoring
- Training
- Hiring and retention strategies
- Managing and leading change efforts
- Annual review process

Workforce Analysis and Trends

Each Administration should analyze their workforce data and focus on answering the following questions:

- How many employees are eligible to retire within the next five years?
- Which of them are from critical positions?
- What has the average turnover rate been within this administration over the last five years?
- Which areas are experiencing the greatest turnover?
- What does the S.W.O.T. analysis information tell you about recruitment needs over the next five years?

Leadership Development and Mentoring

Each administration should determine leadership competencies necessary to lead the administration into the future, identify employees capable of becoming an effective leader, and provide opportunities for growth and development such as:

- Involvement in the DSHS Leadership Enrichment and Development Program
- Involvement in the DSHS Mentoring Program

Training

Each administration should develop strategies for ensuring employees receive required training. Supervisors, in collaboration with their employees are responsible for creating an annual training plan that will provide opportunities for competency development. It is important to ensure that transfer of learning and implementation of new skills occurs on the job.

Hiring and Retention Strategies

Each administration should analyze its previous and current hiring practices, and develop strategies in all areas of the hiring process that will focus on reaching a diverse workforce. Each administration should also develop and implement retention strategies using existing resources to develop and support learning and growth.

Managing and Leading Change Efforts

Each administration should examine what internal and external changes that are emerging or necessary for the administration, and what needs to be done to effectively manage and lead the organization through these changes. The following are some helpful steps:

- Develop and implement strategies that will enable the administration to respond effectively to organizational change;
- Provide training and education to employees regarding organizational change;
- Ensure administration leaders understand their role as a change agent; and
- Utilize existing training and consulting resources available for employees.

Annual Review Process

Each Assistant Secretary should review their Workforce Development Plan annually with the Office of the Secretary to ensure the key goals and objectives remain current and relevant to the needs of the agency.

Support and services in organization and employee development are available through the Human Resources Division.

Appendix 4 ● DSHS Institutional Facility Plan

A STRATEGIC OVERVIEW

Our Mission

The mission of the Lands and Buildings Division of the Department of Social and Health Services is to meet the unique needs of the DSHS clients and staff by ensuring safe and secure facilities in which to live, receive treatment and services, and work.

Our Challenge

The institutions operated by the department include five residential health care facilities for the developmentally disabled, four secure juvenile rehabilitation centers, seven community treatment centers for juvenile rehabilitation, three mental health hospitals, and two secure facilities for the residential treatment of sexually violent predators. Each of these institutions provides a special challenge as we work to maintain and preserve our facility assets.

Our institutions are not only facilities for training, rehabilitation and treatment; they are home to thousands of people who cannot live independently in the population-at-large. Often due to mental health problems, many of these people are abusive, angry, and aggressive, and their destructive behaviors cause great wear-and-tear on the facilities they occupy. Angry youth and mentally ill adults often act-out their frustrations by damaging their surroundings.

The department's mission is to train, rehabilitate, and provide treatment for our residents. That care is most successful in facilities with a normalized, residential atmosphere. But most of our facilities require some level of security and containment.

Our challenge is to provide facilities that are "soft" enough to enhance program goals and yet "hard" enough to resist abuse and maintain security – and to maintain these facilities with limited resources. Because of our challenging environment, our institutions' maintenance and preservation requirements exceed those of a typical nursing care facility, dormitory, or hospital.

Half of the DSHS buildings are more than 30 years old and many of these buildings are in desperate need of major repairs or replacement. Additionally, because of a lack of financial resources, many of our newer buildings are not receiving the scheduled maintenance necessary to prevent premature failure. Two funding sources are available for facility preservation - capital budget appropriations and the maintenance portion of each institution's operating budget.

Our Objective

Our objective is to work closely with the institutions and divisions to meet program needs while also reducing, and eventually eliminating, the premature failure of our buildings systems, campus structures, and campus utility systems. By doing so, we can realize more value from every maintenance dollar.

Key Success Factors

Factors that will be critical to our success in fulfilling our mission include:

- Increased capital project funding as represented in the DSHS capital budget request.
- Enthusiastic support from DSHS and OFM senior management for the Capital Project Management and Maintenance Backlog Reduction Plans.
- Cooperation from each DSHS facility and institution to increase their attention and commitment to preventative maintenance.
- Successful development of methods and processes to continuously focus preservation project funding on the highest facility preservation needs.
- Successful development of methods and processes to increase our capacity for omnibus capital preservation projects from $7 million to $20 million in the 2005-2007 biennium.
- Successful implementation of, and improved efficiencies in, the GA/DSHS Team Program.

CUSTOMER-FOCUSED INSTITUTIONAL FACILITY PLANNING

Division of Developmental Disabilities

Program Discussion

The Division of Developmental Disabilities (DDD) provides a broad range of services and support to more than 30,000 eligible clients. Of these enrolled clients, about 29,000 are served in the community with the remaining clients living one of five Residential Habilitation Centers (RHCs) operated by DSHS.

The RHCs are 24-hour facilities certified as either Intermediate Care Facilities for the Mentally Retarded (ICF/MR) offering habilitation services, intensive nursing, therapy services, and work-related assistance, or Nursing Facilities (NF) providing an extensive array of services for persons requiring daily nursing care. These facilities are inspected by state and federal survey teams who certify institutional compliance with strict federal standards so that critical federal reimbursement can be obtained.

Future Challenges

If the RHCs maintain their current capacity, the capital plan for DDD facilities is to emphasize preservation and repair of aging buildings and campus infrastructure, particularly life/safety upgrades, as well as the demolition and removal of buildings that are dangerous and have aged beyond their useful lives.

Residential living units throughout the system require renovation and remodeling to upgrade worn-out interior finishes, comply with current codes for health and safety, and meet evolving program requirements. Buildings supporting the campus programs also require attention to stay current with today's code and program requirements.

Infrastructure and utility systems on many campuses have aged far beyond their useful lives and major repairs, replacement, or completely new service delivery mechanisms are required.

For instance, the existing domestic water and sewage treatment facilities at Rainier School require a complete overhaul to provide continued service and meet current codes and regulations. The best option for the state is to work cooperatively with the City of Buckley to support development of city water and sewer services allowing DSHS to focus on its mission of services to clients rather than the maintenance of public utility systems.

Reductions in the number of clients served in institutional settings will impact the capital resources that DSHS should be investing in its institutional facilities. For a campus that is scheduled for downsizing or closure, we will have a systematic and managed approach to address its immediate maintenance/capital needs, respond to emergency facility or utility issues, and close-down or mothball vacated buildings.

Contrarily, if a campus is expected to see a census increase caused by the closure of another facility or other reasons, a plan must be developed to prepare available residential support space that must be brought back into service.

Juvenile Rehabilitation Administration

Program Discussion

The mission of the Juvenile Rehabilitation Administration (JRA) is to protect the public; hold juvenile offenders accountable for their crimes; and reduce criminal behavior through a continuum of preventive, rehabilitative, and transitional programs. This is achieved in both residential and supervisory programs for juvenile offenders, which hold offenders accountable for their behavior in residential and community settings.

JRA's Strategic Plan includes the following goals: improve customer focus, enhance human resource development, improve business process, improve program accountability, build a stronger continuum of care for juveniles and their families within the justice system, and reduce repetitive criminal behaviors. To support these goals, JRA developed the following Capital Program strategies:

- Enhance residential treatment services through the renovation of old and unsafe buildings such as the Intensive Management Unit at Green Hill School and the cottages at Echo Glen Children's Center.

- Maintain American Correctional Association certification and National Commission for Correctional Health Care accreditation at existing facilities and strive to make recommended upgrades. Requested projects include renovations at the Multi-Services Building at the Maple Lane School and the Administration/Health Center Building at Green Hill School.

- Improve the continuum of care by developing more rehabilitative services, such as those offered through the Recreation Buildings at both the Maple Lane School and the Green Hill Training School.

- Plan for specialized treatment programs and continue to enhance operations to allow for the timely and orderly development of secure institutions to assure public, staff, and resident safety. Examples are the design for a new Entry/Security/Family Focus Building at Maple Lane and a new Acute Mental Health Treatment Unit.

While the state owns and operates seven community residential and treatment facilities, a sizeable number of residential community-based programs are delivered by private group care contractors in leased facilities. The state operated community programs are not only charged with main-streaming youths at the end of their commitments, but have become increasingly involved with specific treatment efforts, such as the certified drug and alcohol programs offered at the Parke Creek Community Facility and the Canyon View Community Facility.

Future Challenges

JRA's biggest challenge is to address program and facility issues proactively to avoid potential program and legal problems. Capital appropriations in the past four biennia have upgraded existing facilities or constructed new buildings. But questions about population projections and ongoing operations are presenting themselves regularly.

JRA's institutional programs are critical to its successful operation. The largest proportion of the JRA population continues to reside in secure facilities. Since sentencing reform, these residents present new challenges to maintaining safety for residents, staff, and the public.

The older, more violent offenders are commonly processed through the adult system and the minor offenders are retained in the local jurisdictions. The offenders that are committed to JRA now have more serious behavioral issues. Approximately sixty percent of the residents have mental health problems and a large percentage of these have co-occurring, tri-occurring or quad-occurring disorders.

Effectively managing this changing population requires a continuing commitment to maintaining and upgrading existing facilities, as well as effectively planning for specialized treatment needs and long-term growth.

JRA operates four institutions that provide medium and maximum security housing for youth committed to the department by county courts. The three largest facilities, Echo Glen Children's Center, Green Hill School, and Maple Lane School have operated at 80 to 85% of their rated capacity during the 2001-2003 period. One other institution, Naselle Youth Camp, is a forestry camp that works in conjunction with the Department of Natural Resources.

JRA's master program and facility plans will be completed in June 2004 and will provide the direction for future use and development of the JRA properties. The additional work (step-down programs) that can be accomplished in the single camp program is particularly critical to youths that need a little more structure than would be available in the community. The ability to work with this type of youth longer in a residential, structured environment will truly help in providing a greater continuum of care and also reduce repetitive criminal behavior.

Many of the buildings and infrastructure systems in the JRA inventory are beyond their useful life and need to be renovated or replaced. Programs for residents have also changed to meet the needs of more serious offenders and have become very staff intensive on some campuses. A balance must be struck between the staff efficiencies possible with the new, larger residential buildings and the most successful intensive treatment models that rely on small group sizes.

Mental Health Division

Program Discussion

The Mental Health Division (MHD) administers a public mental health system that promotes consumer recovery and public safety, with the mission to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work, and participate in their community. The three state psychiatric hospitals comprise an important element in the range of services delivered by the state's mental health system.

MHD's three psychiatric hospitals operate as clinical centers for the most complex public mental health consumers as mandated by the Mental Health Reform Act of 1989 (SB 5400). They are the Child Study & Treatment Center (CSTC), Eastern State Hospital (ESH) and Western State Hospital (WSH).

Nearly three quarters of the state hospital patients are admitted pursuant to a civil court order (RCW 71.05). Civil commitment orders are issued by a local superior court from a petition by County Designated Mental Health Professionals. One-quarter of the hospital population is committed under criminal process (RCW 10.77).

The 2005-07 Goals of the MHD's Strategic Plan and related MHD Capital Administration strategies include the establishment of the appropriate use and capacity of state psychiatric hospitals, and the promotion of services delivered in community settings.

Future Challenges

The Mental Health Division faces several key challenges in the years ahead that will have impacts upon institutional facilities.

1. Reductions in state hospital and in community hospital bed capacity.

   The reduction in permanent bed capacity mandated by the legislature will continue to add census pressure through the state hospital system. Community psychiatric hospital beds have been in decline, reducing local resources for diverting state hospital commitments. MHD will continue its expansion of community services project and focus on the development of more community residential resources.

2. State hospitals must serve those patients considered too acute or too dangerous for community-based services.

   SB 5400 mandates that state hospitals serve the most complicated long-term care patients. Persons receiving care at these facilities show an increasing acuity due to physical and psychiatric impairments. This requires a higher staff to patient ratio; higher square footage space needs; and increased space for on-site rehabilitation services.

   Two statutes passed in 1999 are expected to continue to increase the count of hospital patients likely to cause serious harm. SB 6214 encourages the courts to consider hospital commitment for a misdemeanant who has both a mental disorder and a history of inflicting serious harm. As a result of SB 5011, a prisoner in discharge process who has a mental disorder, chemical abuse problems, and a history of inflicting serious harm may be assigned to the state mental health system.

These challenging populations raise issues of facility configuration and hardening; proscriptions of movement; and internal and external safety features.

3. Preservation and renovation.

   The state hospitals are a key component of the state mental health system. Preserving these assets, renovating them for current use, and re-fitting them for evolving need is a significant part of the program's capital administration.

4. Ensure the effective and efficient provision of ancillary or support services.

   It is important to ensure that pharmacy, food service, laundry, commissary, central supply and plant maintenance are moved from obsolete buildings to facilities that allow for efficient, effective and safe operations.

5. Continue to evolve toward a rehabilitation model.

   In the spirit of SB 5400, state hospitals continue to evolve toward a rehabilitation model as distinct from a medical model of treatment. New lines of psychotropic medications have enabled large numbers of patients to be discharged from the hospital and to participate more fully in therapeutic activities while in the hospital.

   The fundamental importance of access to various levels of indoor and outdoor activity - recreational, pre-vocational, and vocational - is becoming increasingly more apparent in the speed of recovery and the permanence of improvement of hospitalized patients.

6. Address needs of developmentally disabled (DD) patients in residence.

   The WSH lawsuits concerning appropriate housing and treatment of DD persons at WSH resulted in Agreed Orders that mandate some physical separation; staff and rehabilitation efforts; and gender segregation in the forensic wards.

   Duplicate litigation at ESH is moving through the court system. The appropriate management of this population may require future facility changes.

7. Meet federal/state/county standards in an environment of changing clients and shifting funding.

   As the state hospitals make changes in accordance with statewide program needs, mental health care managers must continue their work to ensure that state hospital practice is in compliance with the expectations and requirements of federal and Joint Commission on Accreditation of Hospitals Organization standards (JCAHO) in order to maintain the federal portion of the hospitals' funding support as well as third party insurance.

   Federal clinical and facility surveys consider over-crowding to seriously deteriorate quality of care and to be a basis for a revenue-impacting deficiency finding. State and county fire codes require particularly close scrutiny and strict monitoring of construction.

Special Commitment Center

Program Discussion

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under chapter 71.09 RCW. The mission of SCC is to provide comprehensive, individual treatment to each resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff and residents.
In Spring 2004, SCC took occupancy of a newly constructed total confinement facility on McNeil Island. The facility has an initial capacity of 268, with potential for expansion to a maximum of 450 beds.

In December 2001, the state's first secure community transition facility (SCTF) was opened in temporary quarters in a building at the North Complex area of McNeil Island. In April 2002, the Pierce County Secure Community Transition Facility (SCTF) moved to its permanent location in a new facility with a maximum capacity of 24 beds. Located across the field from the new SCC Institution, the SCTF provides a less restrictive alternative residential living arrangement for SCC residents on court-ordered conditional release from total confinement.

The SCC is also constructing a second SCTF in King County. Located in Seattle, the leased building will be remodeled in two phases. The first phase of construction, to be completed in Spring 2005, will provide housing for up to six residents on court-ordered conditional release. When needed, the second phase of the remodeling will provide another six beds for a total capacity of twelve beds.

Future Challenges

The SCC faces numerous capital facilities challenges in the years ahead. There is a need to focus on the following priorities:

- Plan for the expansion, as needed, of the SCC Institution on McNeil Island.
- Remodel the leased building in King County, potentially in two phases, for use as the King County Secure Community Transition Facility.
- Monitor the need to site additional SCTFs. Although state law provides the option for DSHS to site SCTFs in other counties, the number of SCTF beds we need in the future will hinge on the number of residents who receive court-ordered conditional releases to less restrictive alternatives.

Appendix 5 ● DSHS Diversity Plan

In DSHS, each administration must develop a biennial diversity plan for their respective administration, and must include the following areas: Client Services, Hiring/ Promotion, Contracting/Request for Proposals, Community Involvement, Education/Training, and Sensitivity/Awareness/Celebration.

Client Services

The primary goal of diversity planning in the area of client services is to achieve healthy, desirable outcomes for the varied diverse populations served by DSHS. As this goal also seeks to examine disproportionate levels of services to different groups of clients, therefore diversity plans must respond to the following questions:

1. Who are you serving in your administration by demographic groupings (race, disability, gender, sexual orientation (if known) and veterans)?
2. What groups are you serving effectively and what efforts contributed to your success?
3. What groups are you not serving effectively and why?
4. What strategies did you develop to address problem areas identified from your 2003 plans?
5. What problem areas still remain and how do you intend to address them in 2005?

Hiring and Promotion

The primary goal of diversity planning in the area of hiring and promotions is to provide equal employment opportunities for historically underrepresented groups in all job classifications and throughout all administration management teams. Therefore, diversity plans must respond to the following questions:

1. What percentage of your new hires and promotional hires in WMS and Exempt categories are from affected groups?
2. What factors contributed to your success in hiring and promoting WMS and Exempt employees from affected groups?
3. What factors caused negative outcomes in hiring and promoting from affected groups?
4. Is there disparity among regions? If so, please explain.
5. What is the composition of your current executive management team?
6. What strategies did you develop to address problem areas identified from your 2003 plans?
7. What problem areas still remain and how do you intend to address them in 2005?
8. How are WMS and Exempt hires emphasized in your succession plan related to protected group members?

Contracting and Request for Proposals

The primary goal of diversity planning in the area of contracting/request for proposals is to ensure that vendor purchases and funding available through requests for proposals are equally available throughout DSHS, to serve the varied needs and composition of DSHS clients.

Diversity plans must respond to the following questions:

1. What are your current statistics on MWBE contracting in each of the five classes of contracts subject to the MWBE program?
2. At your current level of participation, can you expand your contracting capacity in MWBE for expenditures ranging from purchases for $6,000 or less?
3. What were your key strategies aimed at recruiting diverse vendors of goods, and providers of services in your 2003 plan?
4. How did your strategies work?
5. Do you need new strategies for 2005 and if so, please describe?
6. What plan does your administration have for helping the Secretary reach OMWBE target goals for participation in Performance Agreements with the Governor?
7. What outreach efforts do you employ to allow grass roots organizations to effectively compete for requests for proposals within your organization?

Community Involvement

The primary goal of diversity planning in the area of community involvement is to provide legitimate means for community organizations and diverse citizen populations to communicate concerns to the department, and to learn about important department planning activities involving the preparation of budgets, legislative agendas, and other related issues of interest to communities.

Diversity plans must respond to the following questions:

1. How do you provide for community involvement in your administration?
2. Do you have Advisory groups? What is the makeup of the groups (racial, disability, etc)?
3. In what ways were you effective in community involvement?
4. How were you ineffective in community involvement?
5. What strategies did you develop to address problem areas in your 2005 plans related to community involvement?
6. What problem areas still remain and how do you intend to address them in 2005?

Education and Training

The primary goal of diversity planning in the area of education and training is to ensure that all department employees receive sensitivity and awareness training when interacting with staff and clients whose cultures may be different and diverse.

Diversity plans must respond to the following questions:

1. Do you hold staff accountable for attending required diversity training?
2. What percentage of your staff has received mandatory diversity training available through POD in 2003?
3. What percentage increase, if any, is needed to achieve 100% diversity trained workforce within your administration?
4. If your administration is not yet 100% diversity trained what target figure will be included in your 2005 training plan in order to reach the 100% goal?
5. Does your administration provide additional diversity or competency training? If so, please include training curriculum and course outcomes.
6. Is diversity training provided in new employee orientation or in administration specific academies?

Sensitivity, Awareness and Celebration

The primary goal of diversity planning in the area of sensitivity, awareness and tolerance is to promote an environment of celebration and recognition of different cultural groups and customs, in the workplace, and in the communities where DSHS is a partner. Administrations will be asked to submit summary responses that describe efforts underway to compliment this goal.

Deadline for plan submissions

Administrations will submit their diversity plans to Eddie Rodriguez on a two year planning cycle beginning with a deadline submission date of **no later than January 10, 2005**.

Appendix 6 ● DSHS Indian Policy Plan

Mission

The Office of Indian Policy and Support Services' (IPSS) role is to assist the collective needs of Tribal Governments and Recognized American Indian Organizations to assure quality and comprehensive DSHS program service delivery to all American Indians and Alaska natives in Washington State.

Indian Policy and Support Services Contributions

- Ability to provide Tribes and Indian people with access to DSHS services: We have the ability to make the right calls and help tribes and Indian people to get access to DSHS services. We want to be charitable without the expectation of reciprocation.

- Ability to create ongoing, new and better relationships: We provide communication channels, bring people together to work on issues and resolve problems.

- Sense of accomplishment: We like to have a sense of accomplishment when we reach an outcome or achieve better working relationships. We let the agency hear us when we have Tribal issues. Sometimes the Tribes compliment us, which re-energizes and motivates us to continue.

- Change agent: We feel good when changes occur because we made a difference. We help DSHS managers to recognize the needs of Tribes. We speak up for the Tribes in the management meetings.

- Honoring tradition: We honor our personal and traditional values by going to work and value the jobs and things we do.

- Respect and support: We value the respect from DSHS, Tribes, and peers. We appreciate support of coworkers.

Desirable Outcomes

- DSHS will consult with Tribes on a regular basis, and make Policy 7.01 a living and working document. DSHS will include Tribes in the budget proposal when initiating new programs. Consultation will take place in the true sense of government-to-government relationship. Allow for Tribes, RAIO to be more involved in early decision-making stage regarding Indian issues and service delivery.

- DSHS will provide federal program regulation and policy for funding for Tribes, along with state policy and procedures to implement programs.

- Management team and managers will fully support the Centennial Accord and Policy 7.01. The Cabinet members will direct Regional Administrators to include IPSS and Tribes in all program and service planning. IPSS will be recognized as part of the management team. Divisions will recognize that 7.01 plan is a valuable tool, making be a living document rather than a report.

- All divisions will have better overall understanding of government-to-government relationship. Change and overcome the agency's stereotype of Indian clients and recipients. Agency will understand IPSS' role, purpose of Treaties, and government-to-government relationship. State and Tribes will work together as equal partners without divisions.

- Tribes and tribal members will have equal access to all services of DSHS programs. Tribes and Indian people will be heard and respected by the agency. Have one AAG be assigned to IPSS, preferably a Native American, who is knowledgeable about Indian laws.

Goals

- Open Communication: IPSS has access to all program information; a system in place for programs to share information with IPSS; clear and open communication; all DSHS divisions to utilize Common Tribal Codes.

- Utilization of Technology to Fullest: DSHS has access to all Indian policy information through the Internet; make teleconferencing available to Tribes; Tribes have access to all DSHS information through the Internet; all DSHS 7.01 plans are posted on the Internet; state data systems are available to the Tribes. Development and maintaining of an IPSS Website. Development of appropriate materials for distribution in various media.

- Collaboration Development: Tribal programs and agency staff will have grown to the point of working together on their own; real seamless services.

- Training and Education: Management and staff should understand their accountability for compliance; each employee should have attended 7.01 and government-to-government training.

Indian Policy Advisory Committee

Mission

The Federally Recognized Tribes (Tribes) exercises their sovereign Indian authority and Recognized American Indian Organizations (RAIO) exercises their rights as Indians and citizens of the state of Washington. The Indian Policy Advisory Committee (IPAC) is established to guide the implementation of the Centennial Accord, and Administrative Policy 7.01. The IPAC does not circumvent the sovereign authority of Tribal Governments.

Goals

- Improve tribal attendance to the quarterly IPAC meetings by delegates from all Tribes and RAIO.

- Enhance participation of the Assistant Secretaries with IPAC. Extend semi-annual invitations for presentation time during the quarterly meetings.

- Formalize the understanding of "Meaningful Consultation" in collaboration with the Department.

- Implement a true collaborative process of budget development and budget decisions among the tribes and tribal organizations through their IPAC delegates and the DSHS Secretary's staff prior its implementation and develop a collective responsibility of all DSHS programs in support of the IPAC mission.

- Continue with tracking of issues in each of the IPAC sub-committees with the utilization of the IPAC matrixes. Distribute these among the DSHS Administrations and Tribes on an ongoing basis. Emphasize the matrix as a tool to identify and track issues and solutions to problems jointly effecting tribal and state programs. Have priorities reviewed annually from each sub-committee by the full IPAC.

- Build collaborative and collegial approach to policy development and implementation that reflects a true government to government process and encourages a collective approach to the legislative process.

- Promote and continue positive avenues of effective communications between the tribes, state and other tribal entities and organizations surrounding issues, data, and other circumstances impacting tribal peoples.

- Develop a mechanism of communication and reporting with related Tribal organizations in the Region. Formal resolutions to be advanced to the Health Commission, Health Board, Affiliated Tribes of Northwest Indians, etc.

- Explore the development of a fund distribution workgroup to provide options for resource distribution. Encourage the expansion of contract consolidation opportunities with the Department.

- Schedule presentation for IPAC from the administration on an annual basis.

This document is also available electronically at:
www1.dshs.wa.gov/strategic

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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